



## Expert views of peer-based interventions for prisoner health

Journal:	<i>International Journal of Prisoner Health</i>
Manuscript ID:	IJPH-10-2014-0039.R2
Manuscript Type:	Research Paper
Keywords:	Health in prison, Health policy, Health promotion, Mental health, Prison, Public health

SCHOLARONE™  
Manuscripts

Peer Review

## Expert views of peer-based interventions for prisoner health

### Introduction

The notion that prisoners mutually support each other as part of daily interactions within the custodial setting has been known for many years and noted in socio-historical accounts of imprisonment (Snow and Biggar, 2006, Schinkel and Whyte, 2012, Sykes, 1958, Woodall, 2010). In recent times, formal peer interventions have also become an integral feature of prison life (Edgar et al., 2011) based on the underpinning assumption that peer interventions are both effective and cost-effective at addressing prisoners' health and social need (Devilly et al., 2005).

The term 'peer intervention' covers a multitude of approaches, ranging from peer education, mentoring, peer support, peer counselling, peer training. There is considerable heterogeneity in the range of peer-based interventions in the prison setting, in terms of both the health issues addressed, the mode of delivery and the pragmatic requirements for prison administration (South et al., 2014). A typology of the variations in peer intervention modes has been developed by South et al. (2014) and in essence shows that while each approach has individual nuances, the premise is the same – programmes delivered by prisoners for prisoners (Devilly et al., 2005). There is evidence of peer interventions operating across prisons globally, ranging from HIV/AIDS programmes in Mozambique and Siberia (Vaz et al., 1996, Dolan et al., 2004) to peer-led emotional support schemes in Israeli prisons (Chen, 2006). However, recent systematic reviews have shown that most published accounts of peer interventions come from prison systems in the UK, US, Canada and Australia (Wright et al., 2011, South et al., 2014).

Despite the global prominence of peer support programmes in prisons there is little quantitative evidence of clinical effectiveness (South et al., 2014). More methodologically robust research is needed to determine fully whether peer interventions in prison are effective, as concluded by a recent systematic review published in this journal (Wright et al., 2011). Empirical evidence does exist, however, that demonstrates positive impacts of peer-based programmes on certain health outcomes, including: prisoners' knowledge of HIV (Collica, 2002, Scott et al., 2004, Bryan et al., 2006, Ross et al., 2006) and uptake of HIV testing (Zack et al., 2013); knowledge of sexually transmitted infections (Sifunda et al., 2008); beliefs, intentions and reported increases in condom use (Magura et al., 1994, Grinstead et al., 1999, Bryan et al., 2006); and increased inclination to practice safer drug using behaviours (Collica, 2002). Moreover, some have argued that peer schemes have been instrumental in reducing suicide and self-harm in prisons (Snow and Biggar, 2006, Samaritans, 2012).

One emergent theme in the literature suggests that peers are able to offer a greater sense of empathy than trained staff. In effect trained prison peers offer expertise "by experience" (Durcan and Cees Zwemstra, 2014, p.93). For example, a study by Foster showed that prisoners reported that they preferred confiding in peer-deliverers, rather than staff, because they were less likely to be judged for the things they said:

*"A lot of people do find it easier to talk to another con rather than an officer... and I think me personally my own experiences, it's the white shirt and the tie, the key, the whistle, it's just that power thing, isn't it? It's hard....if I talk to the officer then that officer is going to go back to the office and sit and joke about what I've told him and use my, what I've said to him as a weakness and you've got all that with officers as well." (Foster, 2011, p.30)*

It is assumed that because prison peer workers have greater and more consistent access to the prison population (in comparison to health professionals) and are familiar with regimes, they have increased opportunity for informal interaction and able to offer more immediate

1  
2  
3 health education or support (Ehrmann, 2002, Munoz-Plaza et al., 2005, Snow and Biggar,  
4 2006). Moreover, peer deliverers are often viewed by other prisoners as credible sources  
5 (Woodall, 2007), unique in their abilities to influence health behaviours and practices (Turner  
6 and Shepherd, 1999).  
7

8 Despite positive effects, reports suggest that peer interventions in prison can create adverse  
9 impacts at both the individual (prisoner) level and at the organisation (prison establishment)  
10 level. Studies, for instance, have described either possible opportunities or actual instances  
11 where prisoners in peer delivery roles could or had abused their position of trust (Blanchette  
12 and Eljdupovic-Guzina, 1998, Boyce et al., 2009a, Brooker and Sirdifield, 2007, Delveaux  
13 and Blanchette, 2000, Edgar et al., 2011, Syed and Blanchette, 2000a, Syed and  
14 Blanchette, 2000b, Hall and Gabor, 2004). The distribution of contraband, such as drugs,  
15 tobacco and mobile telephones, has been reported as a result of the enhanced freedom and  
16 access given to peer deliverers around the institution (Boyce et al., 2009a, Edgar et al.,  
17 2011, Hall and Gabor, 2004, Syed and Blanchette, 2000a). For individuals acting in peer  
18 delivery roles, there are also reports that individuals can face 'burnout' and mental  
19 exhaustion as a result of the demands placed on their time by other prisoners (Richman,  
20 2004). Discussions relating to suicidal intentions and other distressing topics can also be  
21 particularly burdensome for peer deliverers to manage, especially if the training and support  
22 provided for the role is not comprehensive (Dhaliwal and Harrower, 2009, Richman, 2004).  
23

24 Given the growing importance of peer based approaches in prisons and the prominence of  
25 programmes like the Listener scheme in England and Wales (see Perrin and Blagden (2014)  
26 for further details about the scheme), there is a shortage of evidence on their actual  
27 effectiveness and whether the reported positive outcomes outweigh the possible negative  
28 effects (Wright et al., 2011). Indeed, Snow (2002) has challenged the academic community  
29 to provide more robust examination of this intervention model in prison settings. This paper  
30 aims to contribute to this research gap through reporting qualitative findings from an expert  
31 symposium, which was part of a wider systematic review to determine the effectiveness and  
32 cost-effectiveness of peer interventions in prison. The purpose of the paper is to identify the  
33 positive and negative impacts of peer-based interventions for prisoners, the Prison Service,  
34 the NHS and the wider criminal justice system using expert evidence from key individuals.  
35 To our understanding this is the first time that individuals with this level of expertise have  
36 been brought together to discuss this area of prison policy and practice.  
37

### 38 **Methodology**

39  
40 Evidence hierarchies recognise the value of professional and expert knowledge to generate  
41 information for decision-making purposes (Green et al., 2015). Expert information is utilised  
42 in a diverse range of disciplines where accessing more 'traditional' types of empirical data  
43 may be insufficient or too challenging (Caley et al., 2014). Expert knowledge is defined as  
44 "substantive information on a particular topic that is not widely known by others" (Martin et  
45 al., 2012, p.30). Petticrew and Roberts (2003) suggests that expert knowledge can be  
46 particularly useful in understanding the process and mechanisms of implementing an  
47 intervention and hence used here to understand peer interventions in prison. While experts  
48 are regarded as proving credible sources of information, the use of experts to inform  
49 decision-making processes is contentious and has been challenged. One prevailing  
50 argument is that expert judgment may be veiled with bias or expert opinion may be self-  
51 serving (Martin et al., 2012).  
52

53  
54 Expert knowledge can be ascertained in several ways and common group approaches  
55 include expert panels and Delphi methods (Martin et al., 2012). Expert hearings or  
56 symposia are approaches designed to facilitate the process of deliberation on an issue or  
57 series of issues (South et al., 2010) and were used in this study to stimulate dialogue and to  
58 gather expert evidence on peer-based approaches in prison settings. Rather than a  
59  
60

1  
2  
3 traditional focus group discussion, the process of deliberation provides a mutual dialogue  
4 between researchers and delegates that involves considering different points of view and  
5 coming to a reasoned decision (Abelson et al., 2003). To our knowledge, this was the first  
6 time that experts had been brought together specifically to discuss whether and how peer-  
7 based approaches can contribute to improving health within prisons and YOIs in England  
8 and Wales.  
9

10 The paucity of literature on the application of expert hearings as a research method, in terms  
11 of optimum format and structure, sampling strategy, methods of data gathering, analysis and  
12 evaluation, has been noted previously (South et al., 2010). There is however useful  
13 literature on deliberative methods which helped to inform our methodology (Abelson et al.,  
14 2003). The overall purpose of inviting experts was to gather opinion on whether and how  
15 peer interventions work within prisons and the possible negative impacts that may be caused  
16 by their deployment in prison systems. The evidence heard at the symposium was also  
17 used to supplement data obtained from the systematic review of research studies conducted  
18 as part of this study. All aspects of the study had the appropriate ethical and governance  
19 approvals.  
20

### 21 **Sampling strategy**

22 While the criteria for 'expertise' have been debated elsewhere (Shanteau et al., 2002) and  
23 will not be rehearsed here, judgements about what constitutes an expert is critical to the  
24 practice of eliciting expert knowledge (Caley et al., 2014). For this study, the process of  
25 sampling experts to contribute to the symposium comprised two stages. The first was  
26 making direct contact with individuals with known expertise in policy, practice and/or  
27 academic experience concerning peer interventions in prison. A sample of possible experts  
28 was drawn up through the contacts made through the systematic review of literature (part of  
29 the wider study), professional contacts and through individuals identified by the project  
30 steering and advisory group. This approach followed what Patton (2002) describes as  
31 'critical case sampling', where critical cases are selected as they offer particularly important  
32 insight or knowledge on the issue being studied. Experts were targeted from different fields  
33 including prison health services, the National Offender Management Service, academic and  
34 third sector organisations. It was acknowledged that individuals may not be expert in all  
35 aspects of the topic (Caley et al., 2014), but a wide sample of individuals from organisations  
36 were selected to ensure a representation of relevant expertise (see Table 1).  
37  
38

39 Table 1. Organisations represented at the expert symposium  
40

41 Beat Bullying	Prison Reform Trust
42 Bradford District Care Trust	Royal College of Nursing
43 CLINKS	Samaritans
44 Healthcare Improvement 45 Scotland	Scottish Prison Service
46 Her Majesty's Inspectorate of 47 Prison	Shannon Trust
48 HM Prison Service	Spectrum Community Health 49 CIC
50 Jigsaw Visitors' Centre, HMP 51 Leeds	The Princes Trust
52 Keele University	The University of Central 53 Lancashire
54 Leeds Community Healthcare 55 NHS Trust	University of Glamorgan
56 Leeds Metropolitan University	University of Greenwich
57 Leeds University	University of London

58  
59  
60

London South Bank University	University of Southampton
NHS Hampshire	University of Stirling
NHS South of England	University of the West of England
NOMS	University of Wolverhampton
Oxleas NHS Foundation Trust	University of York
Peninsula Medical School	User Voice
Practical Care Project CIC	WHO

The second phase of the sampling strategy consisted of inviting experts via email networks, websites and through organisations. Those who responded were asked to express their interest in participating and to complete a proforma indicating their particular interest, perceived expertise and 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 rich 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 used to stimulate discussion and dialogue amongst the invited experts. Keynote presenters were drawn from the fields of academia, the NHS and the Prison Service which broadly reflected the fields of invited experts (further details of the speakers and the content of the keynotes can be found on the project website: XXXXX). Between each presentation, experts were divided into three separate discussion groups, the composition of which was considered to ensure representation of individuals with various background experiences. 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 2, with findings related to question 1 published elsewhere (*citation removed for blinding purposes*).

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. This does have implications for presenting and validating our analysis (through the traditional presentation of verbatim quotations), but was important to allow experts the opportunity to discuss concerns openly. Each discussion group had a note taker who acted as a silent observer, noting contributions made by participants and clarifications made by the facilitator. Steering group members were also present at the discussions in a purely observational capacity. This allowed a number of people to be involved in the analysis and ensured inter-rater reliability. Indeed, after the symposium a shared blog was developed between those members of the research team present at the event. This allowed individuals to share reflective and reflexive comments on the process of facilitating an expert symposium and the subsequent analysis.

### **Data analysis**

The verbatim transcripts of the discussion groups, along with the accompanying notes, were analysed using Framework Analysis, which was considered an appropriate method given the applied nature of the study and the emphasis on policy and practice (Ritchie et al., 2003).

1  
2  
3 The term 'framework' relates to the central part of the analytical process, that is, the  
4 development of a framework or matrix. Concepts and themes in the data are then  
5 summarised and charted in the matrix. The matrix was constructed using five  
6 main thematic categories and several subthemes. All of the data were charted and the final  
7 matrix and themes were agreed by members of the research team. A narrative account  
8 summarising the themes was produced and this was checked for authenticity by symposium  
9 facilitators and note takers.

## 11 Findings

12  
13 According to the participants, peer interventions in the prison setting created both positive  
14 and negative impacts on an individual (i.e. peer deliverer and recipient) and organisational  
15 level. These impacts will be reported here.

### 17 *Positive effects at an individual level*

18 Experts were unanimous in their judgement that peer delivered programmes do make  
19 positive contributions to improved health outcomes, both for the peer deliverer and recipient.  
20 Dependant on the intervention, the health outcomes for recipients would vary, but experts  
21 emphasised that mental health outcomes may be more pronounced for peer deliverers than  
22 recipients. Experts suggested that increased levels of confidence, self-esteem and self-  
23 worth were often observed in peer deliverers as a result of their participation in peer-led  
24 interventions in prison. Some participants suggested that the sum of these positive mental  
25 health outcomes coupled with the trust bestowed upon them by the Prison Service, led to  
26 peer deliverers feeling more empowered with a greater sense of control over their time in the  
27 institution. Several experts claimed that this would all have positive effects post-release and  
28 would reduce recidivism and increase the likelihood of successful community reintegration.

30  
31 It was hypothesised that the skills gained through undertaking these roles in prison would  
32 translate, in many cases, to employment and educational opportunities in the community.  
33 One participant from a health service background, for example, described the prison Health  
34 Trainer model which has been used throughout England. The premise of this model is  
35 training prisoners to support individuals to make healthy lifestyle choices. Given that this  
36 peer intervention model is operationalized both inside prison and in the community it  
37 potentially offers the opportunity for prisoners to transfer the training and skills acquired in  
38 the prison into the community on their release. Furthermore, others claimed that the training  
39 for peer roles in prison sometimes included the opportunity to gain accredited qualifications,  
40 like NVQs (National Vocational Qualifications), which could be used post-release. Although  
41 many experts supported the hypothesis that skills gained in prison led to better post-release  
42 outcomes, the challenges faced by prisoners on release back into the community were  
43 agreed to be multifactorial, with successful reintegration not only dependant on skills gained  
44 through peer roles whilst in prison but contingent on other key variables, like family support.

### 46 *Positive effects at an organisational level*

47 The growing prison population was widely acknowledged by experts at the symposium and  
48 the increased demand placed on prison staff to respond to the needs of this group was  
49 discussed. Although prisoners trained as peer workers was not seen as a 'silver-bullet', it  
50 was suggested that peer workers could be seen as part of a wider prison cadre. Specifically,  
51 it was suggested that peer workers can, and are, utilised to absorb queries and issues that  
52 would otherwise be directed at prison staff. Peers are often deployed to provide basic  
53 information or practical support to newly sentenced prisoners or to signpost individuals to  
54 services. It was claimed that this enables prison and healthcare staff to use their time more  
55 effectively in the workplace and to focus on more specialised duties.

57 Several experts argued that well-co-ordinated peer interventions can create other positive  
58 organisational effects and many suggested improvements in prisons' atmosphere, culture  
59  
60

1  
2  
3 and ethos as a consequence of embedding peer schemes. By providing prisoners with  
4 responsibility as peer deliverers, experts claimed that there is potential for a more positive  
5 atmosphere on the wings. While participants often discussed this change in atmosphere as  
6 being intangible and difficult to measure, some experts cited local examples of instances  
7 whereby less violence and disruption had been apparent after the introduction of peer-based  
8 programmes. Following on from this, experts discussed the need for prison researchers to  
9 be more savvy and to design evaluation tools to demonstrate the effectiveness of peer  
10 interventions at the organisational level. A framework to guide such evaluation would be  
11 beneficial, but as yet has not been developed.

12  
13 While there was general agreement that peer interventions in prison were not cost free (it  
14 was suggested that effective peer-based schemes require dedicated resources, including  
15 staff time, to support the delivery of the service), participants assumed that peer  
16 interventions could provide cost savings to the NHS and the Prison Service through  
17 improved health outcomes for prisoners and the potential for peers to absorb some of the  
18 duties that prison staff would otherwise have to manage.

### 19 20 ***Negative effects at an individual level***

21 Several experts portrayed a less-optimistic view of peer interventions in prison and argued  
22 that there were many unintended, mostly negative, effects. Responding to the discourse  
23 that peer interventions raised self-esteem and self-worth for peer workers and can potentially  
24 offer opportunities for future employment opportunities, it was suggested that these feelings  
25 may rapidly diminish on release and that ex-prisoners often feel a sense of helplessness  
26 when attempting to reintegrate into the community – a point also reaffirmed by those ex-  
27 prisoners in attendance. The participants noted that peer interventions may, in fact, be  
28 ‘setting individuals up to fail’ as it was likely that employment opportunities post-release for  
29 those with convictions may be limited despite valuable experience or qualifications gained in  
30 peer roles.

31  
32 Participants also raised concerns that peer workers could potentially be exploited within the  
33 prison, perhaps being asked to fulfil too many roles or duties outside of their expertise. It  
34 was suggested that, in some prisons, peers are used inappropriately and required to perform  
35 tasks outside of their competency or to replace paid staff. Moreover, others commented that  
36 highly skilled peer workers would often be asked to perform multiple roles leading to burnout  
37 and stress. Participants recommended that clear job descriptions were needed and clear  
38 boundaries laid out for peer workers to avoid exploitation and burnout.

### 39 40 ***Negative effects at an organisational level***

41 The potential security threats posed by peer interventions were consistently mentioned at  
42 the symposium. It was noted how peer interventions could potentially jeopardise security  
43 imperatives and the safe running of the institution, especially if peer workers abused their  
44 power and responsibility within the setting. Examples were given of Listeners and other peer  
45 workers distributing contraband within the prison – participants suggested that peer workers’  
46 greater freedom of movement made them ideal ‘runners’ for drugs and other substances. In  
47 these reportedly rare instances, participants suggested that prisoners who did breach the  
48 institution’s trust must be removed from the intervention so that the service is not discredited.

49  
50 Prison staff resistance to peer interventions was also regarded as a negative organisational  
51 effect. Participants noted how some staff found the notion of allowing prisoners greater  
52 levels of freedom in the prison difficult to comprehend and the antithesis of prison values and  
53 principles. Some prison staff could find the power shift produced by allowing prisoners more  
54 autonomy problematic.

55  
56  
57 Furthermore, there was genuine concern from experts that trained prison peer workers were  
58 being used as a managerial strategy to replace the roles of paid staff. This particular  
59  
60

1  
2  
3 concern was reported to be heightened in recent times as a consequence of prisons having  
4 reduced staffing budgets. This perception was suggested to be one of the primary reasons  
5 for staff resistance to such schemes and experts suggested that some staff perceived that  
6 there was an attempt to justify staff redundancies by demonstrating that peers can replace  
7 paid staff.  
8

## 9 **Discussion**

10  
11 This paper set out to present expert evidence on the positive and negative impacts of peer-  
12 based interventions for prisoners, the Prison Service, the NHS and the wider criminal justice  
13 system. Until now, the positive and negative factors of peer interventions in prison have not  
14 been fully discussed in the academic literature and where they have the methodological  
15 quality of the studies have been challenged (Snow, 2002, South et al., 2014). Instead, much  
16 of what is known is based largely on conjecture or anecdote. To our knowledge, this is the  
17 first time an expert symposium has been executed to specifically examine peer interventions  
18 in prison and to consider the effects, both positive and negative, of such schemes.  
19

20 The use of expert evidence to understand practice is controversial and there are concerns  
21 about relying solely on this form of evidence for decision-making (Martin et al., 2012). Part  
22 of the concern not only is based on what experts say, which may potentially be bias or self-  
23 serving, but on the methodology used to elicit opinion and perspective which to date is  
24 relatively underdeveloped (Abelson et al., 2003). The expert symposium used in this  
25 research offered a unique insight into the application of peer interventions in prison settings.  
26 Those experts participating (three of whom were ex-prisoners) were able to illuminate the  
27 realities of using peer approaches – something that is difficult for those ‘outside’ of the prison  
28 or criminal justice field to appreciate (Bosworth et al., 2005). Moreover, the experts provided  
29 contextual detail to peer interventions in prison. This was particularly valuable as this ‘thick  
30 description’ is often omitted from published accounts.  
31

32 It was clear from the evidence gathered from the expert symposium that peer interventions  
33 in prison settings can impact positively on health outcomes, but these effects were perceived  
34 to be more well-defined for peer deliverers than recipients. Participants emphasized  
35 particular improvements in mental health indicators, which seems to resonate with prior  
36 empirical work (Blanchette and Eljdupovic-Guzina, 1998, Boothby, 2011, Correctional  
37 Service of Canada, 2009, Delveaux and Blanchette, 2000, Syed and Blanchette, 2000b).  
38 The Listener scheme in prisons in England and Wales, has a body of evidence which shows  
39 individual health gains for those trained as Listeners or befrienders. In several studies,  
40 trained prisoners reported that they were ‘giving something back’, doing something  
41 constructive with their time in prison and being of benefit to the system, which consequently  
42 had an effect on mental health indicators, such as self-esteem, self-worth and confidence  
43 (Dhaliwal and Harrower, 2009, Hall and Gabor, 2004, Levenson and Farrant, 2002, Edgar et  
44 al., 2011). However, the report of peers facing burnout and experiencing stress as a result  
45 of their peer role was disconcerting, suggesting that recruitment, training and supervisory  
46 processes for peer workers need to be considered carefully in order to avoid the intervention  
47 from being counter-productive to these mental health outcomes.  
48

49 The expert symposium emphasised the need for longitudinal research and robust evaluation  
50 to measure the post-release outcomes to determine what peer workers in prison do after  
51 their release (Sirdifield, 2006). There was no consensus generated as to whether peer  
52 interventions in prison do have lasting-effects for peer delivers beyond their time in the  
53 institution. Experts were largely split with some advocating the value that peer roles had on  
54 prisoners’ future resettlement and how employment opportunities may be increased as a  
55 result of developing key skills. Others were far less convinced and argued that the situation  
56 post-release for many prisoners may be complex and difficult with any positive effects  
57 generated quickly dispersing in the community. Indeed, recent evidence suggests that  
58  
59  
60



1  
2  
3 offenders in the community do have unique health needs, including the impact of housing  
4 and accommodations problems; finances; the 'easy' availability of accessing drugs and  
5 alcohol; lack of access to health services; and stress and mental health issues associated  
6 with 'being on probation' (Plugge et al., 2014). Overall, experts were more able to comment  
7 on the benefits for peer deliverers and surprisingly were less likely to discuss the impact on  
8 peer recipients.  
9

10 Organizationally, peer interventions were suggested to create both positive and negative  
11 effects, but one of the salient issues to emerge from the delegates was the adverse effects  
12 that peer interventions cause to the security of the prison. In some cases, delegates  
13 discussed actual instances where security infringements had occurred and in other cases  
14 delegates described possible situations that may arise. These concerns do seem warranted  
15 as in one study of peer advisors there were reported instances of prisoners being sacked as  
16 a result of security breaches. These included positive drugs tests, unauthorised movement  
17 around the prison and having possession of a mobile phone. (Boyce et al., 2009b). Edgar et  
18 al. (2011), however, apply the concept of constructive risk management to peer interventions  
19 in prison, arguing that the risks in reality are minor and that the positive gains overwhelm the  
20 negative.  
21

22 Despite the reported organizational risks, the positive impact on the institutional culture and  
23 ethos as a result of peer interventions being delivered within prison settings was reported.  
24 This finding seems to be supported in some of the wider literature (Blanchette and  
25 Eljdupovic-Guzina, 1998, Edgar et al., 2011, Syed and Blanchette, 2000b, Wright and  
26 Bronstein, 2007a, Wright and Bronstein, 2007b) whereby it has been suggested that peer  
27 interventions result in a more caring and humane atmosphere within the prison; can reduce  
28 volatility and can create more cohesion between staff and prisoners. To date, however,  
29 there seems little quantitative evidence to validate these largely anecdotal claims. There is a  
30 need to understand more fully what participants mean when they say that peer interventions  
31 create a 'better' culture or ethos. Furthermore, reference was made to the way that  
32 prisoners in peer delivery roles can divert demand from paid staff and potentially allows staff  
33 time to be deployed elsewhere to conduct other duties. Clearly, peer workers can be  
34 considered a viable complementary 'workforce' for the Prison Service, but they cannot be  
35 seen as a replacement for professionally trained prison officers or healthcare workers. This  
36 point is critical, given the recent trends in reducing staff numbers in several institutions by up  
37 to 50% (The Howard League for Penal Reform, 2014).  
38

### 39 **Conclusions and implications**

40  
41 This paper makes a valuable contribution in bringing together expert evidence on the  
42 positive and negative effects of peer interventions in prison settings. To the authors'  
43 knowledge, this is the first time a purposively selected range of experts have been gathered  
44 specifically to discuss these issues. This is relatively surprising, given the increased  
45 prominence of such schemes in prisons not only in England and Wales, but across the  
46 globe. The methodological literature and approach for gathering expert evidence is relatively  
47 scant; however, its strength is that it provides a perspective on peer interventions from those  
48 with expertise in practice, policy and academic fields. We cannot claim to have assembled  
49 all 'experts' on this topic and so the findings must be considered with this in mind. That said,  
50 a sample broadly reflecting the main agencies of those concerned with peer interventions in  
51 addressing prisoner health attended.  
52

53  
54 While bringing experts together was practically challenging, we would encourage others to  
55 consider this methodology as a way to gather views from prominent figures in the field. The  
56 use of expert evidence seems to be more developed in disciplines within the ecological  
57 sciences and yet there is a clear opportunity for applying this approach in the offender health  
58 field. Although some experts were unable to participate in the symposium, the sampling  
59  
60

1  
2  
3 framework employed ensured that a variety of individuals from varying backgrounds was  
4 heard. Gaining this variability of perspectives was useful so that a full and rounded  
5 perspective of peer interventions in the prison context was heard. Deploying skilled  
6 researchers comfortable with the use of deliberative methods, also ensured that all expert  
7 views were heard in a fair way, but allowing opportunity for critical debate. One significant  
8 expert group unable to attend our symposium were current serving prisoners themselves –  
9 this is a clear study limitation, but was not possible on this occasion because of ethical and  
10 security reasons. Although we ascertained the views of the ex-prisoner community at the  
11 symposium, through organized voluntary and community sector agencies, future attempts to  
12 replicate this methodology should strive to bring prisoners to the discussion. This may have  
13 also provided richer description on the effects at an individual level as current prisoners  
14 would have been better equipped to explore this. Nonetheless, this study, which formed part  
15 of a wider systematic review, did undertake 'listening exercises' in five prisons to share  
16 emerging findings and to gain a 'reality check' on the information gathered from current  
17 serving male and female prisoners.  
18

19 Our findings suggest that peer-based interventions may be particularly effective at  
20 maintaining or improving the health and wellbeing in the prison population, particularly for  
21 peer-deliverers, but research is required to validate the claims from the participants in this  
22 study. Indeed, the whole experience has highlighted major research gaps in understanding  
23 of the role, effectiveness and value of peer interventions within the criminal justice sector.  
24 Routine evaluation and monitoring of these interventions must be prioritized to demonstrate  
25 the effectiveness of such programmes and, more importantly, to share learning and good  
26 practice. Moreover, cluster-randomized trials to compare health outcomes of prisoners in  
27 institutions with and without peer programmes would be of significant benefit to current  
28 understanding.  
29

### 30 **References**

- 31  
32 Abelson, J., Forest, P. G., Eyles, J., Smith, P., Martin, E. and Gauvin, F. P. (2003),  
33 "Deliberations about deliberative methods: issues in the design and evaluation of  
34 public participation processes", *Social Science & Medicine*, Vol. 57 No. 2, pp. 239-  
35 251.  
36  
37 Blanchette, K. and Eljdupovic-Guzina, G. (1998), "Results of a Pilot Study of the Peer  
38 Support Program for Women Offenders", Canada, Correctional Service of Canada  
39 pp. 1-94.  
40  
41 Boothby, M. R. K. (2011), "Insiders' views of their role: toward their training".  
42  
43 Bosworth, M., Campbell, D., Demby, B., Ferranti, S. M. and Santos, M. (2005), "Doing prison  
44 research: views from inside", *Qualitative Inquiry*, Vol. 11 No. 2, pp. 249-264.  
45  
46 Boyce, I., Hunter, G. and Hough, M. (2009a), "Peer advice project. An evaluation", London,  
47 St Giles Trust, King's College.  
48  
49 Boyce, I., Hunter, G. and Hough, M. (2009b), "St Giles Trust peer advice project: an  
50 evaluation", London, The Institute for Criminal Policy Research, School of Law,  
51 King's College London  
52  
53 Brooker and Sirdifield (2007), "New futures Health trainers: An impact assessment. ",  
54 Lincoln, University of Lincoln.  
55  
56 Bryan, A., Robbins, R. N., Ruiz, M. S. and O'Neill, D. (2006), "Effectiveness of an HIV  
57 prevention intervention in prison among African Americans, Hispanics, and  
58 Caucasians", *Health Education & Behavior*, Vol. 33 No. 2, pp. 154-177.  
59  
60 Caley, M. J., O'Leary, R. A., Fisher, R., Low-Choy, S., Johnson, S. and Mengersen, K.  
(2014), "What is an expert? A systems perspective on expertise", *Ecology and  
Evolution*, Vol. 4 No. 3, pp. 231-242.  
Chen, G. (2006), "Social support, spiritual program, and addiction recovery", *International  
Journal of Offender Therapy and Comparative Criminology*, Vol. 50 No. 3, pp. 306-  
323.

- 1  
2  
3 Collica, K. (2002), "Levels of knowledge and risk perceptions about HIV/AIDS among female  
4 inmates in New York State: can prison-based HIV programs set the stage for  
5 behavior change?", *The Prison Journal*, Vol. 82 No. 1, pp. 101-124.
- 6 Correctional Service of Canada (2009), "Opening the window on a very dark day: A program  
7 evaluation of the Peer Support Team in the Kingston Prison for women."
- 8 Delveaux, K. and Blanchette, K. (2000), "Results of an Evaluation of the Peer Support  
9 Program at Nova Institution for Women", Research Branch, Correctional Service of  
10 Canada.
- 11 Devilly, G. J., Sorbello, L., Eccleston, L. and Ward, T. (2005), "Prison-based peer-education  
12 schemes", *Aggression and Violent Behaviour*, Vol. 10 No. 2, pp. 219-240.
- 13 Dhaliwal, R. and Harrower, J. (2009), "Reducing prisoner vulnerability and providing a  
14 means of empowerment: evaluating the impact of a listener scheme on the listeners",  
15 *British Journal of Forensic Practice*, Vol. 11 No. 3, pp. 35-43.
- 16 Dolan, K. A., Bijl, M. and White, B. (2004), "HIV education in a Siberian prison colony for  
17 drug dependent males", *International Journal for Equity in Health*, Vol. 3 No. 1, pp. 3-  
18 7.
- 19 Durcan, G. and Cees Zwemstra, J. (2014), "Mental health in prison", in WHO (Ed.) *Prisons  
20 and health*, WHO, Geneva, pp. 84-98.
- 21 Edgar, K., Jacobson, J. and Biggar, K. (2011), "Time Well Spent: A practical guide to active  
22 citizenship and volunteering in prison. Prison Reform Trust", London, Prison Reform  
23 Trust.
- 24 Ehrmann, T. (2002), "Community-based organizations and HIV prevention for incarcerated  
25 populations: three HIV prevention program models", *AIDS Education and Prevention*,  
26 Vol. 14 No. 5, pp. 75-84.
- 27 Foster, J. (2011), "Peer support in prison health care. An investigation into the Listening  
28 scheme in one adult male prison", Greenwich, School of Health and Social Care,  
29 University of Greenwich.
- 30 Green, J., Tones, K., Cross, R. and Woodall, J. (2015), *Health promotion. Planning and  
31 strategies*, Sage, London.
- 32 Grinstead, O., Zack, B., Faigeles, B., Grossman, N. and Blea, L. (1999), "Reducing  
33 postrelease HIV risk among male prison inmates. A peer led intervention", *Criminal  
34 Justice and Behavior*, Vol. 26 No. 4, pp. 453-465.
- 35 Hall, B. and Gabor, P. (2004), "Peer suicide prevention in a prison", *Crisis: Journal of Crisis  
36 Intervention & Suicide*, Vol. 25 No. 1, pp. 19-26.
- 37 Levenson, J. and Farrant, F. (2002), "Unlocking potential: active citizenship and volunteering  
38 by prisoners", *Probation Journal*, Vol. 49 No. 3, pp. 195-204.
- 39 Magura, S., Kang, S. Y. and Shapiro, J. L. (1994), "Outcomes of intensive AIDS education  
40 for male adolescent drug users in jail", *Journal of Adolescent Health*, Vol. 15 No. 6,  
41 pp. 457-463.
- 42 Martin, T. G., Burgman, M. A., Fidler, F., Kuhnert, P. M., Low Choy, S., McBride, M. and  
43 Mengersen, K. (2012), "Eliciting expert knowledge in conservation science",  
44 *Conservation Biology*, Vol. 26 No. 1, pp. 29-38.
- 45 Munoz-Plaza, C. E., Strauss, S. M., Astone, J. M., Jarlais, D. C. D. and Hagan, H. (2005),  
46 "Hepatitis C service delivery in prisons: peer education from the "guys in blue"",  
47 *Journal of Correctional Health Care*, Vol. 11 No. 4, pp. 347-368.
- 48 Patton, M. Q. (2002), *Qualitative research & evaluation methods*, Sage, Thousand Oaks.
- 49 Perrin, C. and Blagden, N. (2014), "Accumulating meaning, purpose and opportunities to  
50 change 'drip by drip': the impact of being a listener in prison", *Psychology, Crime &  
51 Law*, Vol. 20 No. 9, pp. 902-920.
- 52 Petticrew, M. and Roberts, H. (2003), "Evidence, hierarchies, and typologies: horses for  
53 courses", *Journal of Epidemiology and Community Health*, Vol. 57, pp. 527-529.
- 54 Plugge, E., Pari, A. A. A., Maxwell, J. and Holland, S. (2014), "When prison is "easier":  
55 probationers' perceptions of health and wellbeing", *International Journal of Prisoner  
56 Health*, Vol. 10 No. 1, pp. 38-46.
- 57  
58  
59  
60

- 1  
2  
3 Richman, J. (2004), "Listeners: inmate care workers and suicide policies in HM prisons",  
4 *N2N: Nurse2Nurse*, Vol. 4 No. 3, pp. 18-21.
- 5 Ritchie, J., Spencer, L. and O'Connor, W. (2003), "Carrying out qualitative analysis", in  
6 Ritchie, J. and Lewis, J. (Eds.) *Qualitative research practice*, Sage, London, pp. 219-  
7 262.
- 8 Ross, M., Harzke, A. J., Scott, D. P., McCann, K. and Kelley, M. (2006), "Outcomes of  
9 project wall talk: an HIV/AIDS peer education program implemented within the Texas  
10 state prison system", *AIDS Education and Prevention*, Vol. 18 No. 6, pp. 504-517.
- 11 Samaritans (2012), "A Listener lives here. The development of Samaritans' prison Listener  
12 scheme", Stirling, Samaritans.
- 13 Schinkel and Whyte (2012), "Routes out of prison using life coaches to assist resettlement,"  
14 *The Howard Journal of Criminal Justice*, Vol. 4 No. 51, pp. 359-371.
- 15 Scott, D. P., Harzke, A. J., Mizwa, M., B, Pugh, M. and Ross, M. W. (2004), "Evaluation of  
16 an HIV peer education program in Texas prisons", *Journal of Correctional Health  
17 Care*, Vol. 10 No. 2, pp. 151-173.
- 18 Shanteau, J., Weiss, D. J., Thomas, R. P. and Pounds, J. C. (2002), "Performance-based  
19 assessment of expertise: How to decide if someone is an expert or not", *European  
20 Journal of Operational Research*, Vol. 136 No. 2, pp. 253-263.
- 21 Sifunda, S., Reddy, P. S., Braithwaite, R., Stephens, T., Bhengu, S., Ruiter, R. A. and van  
22 den Borne, B. (2008), "The Effectiveness of a Peer-Led HIV/AIDS and STI Health  
23 Education Intervention for Prison Inmates in South Africa", *Health Education &  
24 Behavior*, Vol. 35 No. 4, pp. 494-508.
- 25 Sirdifield, C. (2006), "Piloting a new role in mental health – prison based health trainers",  
26 *The Journal of Mental Health Workforce Development*, Vol. 1 No. 4, pp. 15-22.
- 27 Snow, L. (2002), "The role of formalised peer-group support in prisons", in Towl, G., Snow,  
28 L. and McHugh, M. (Eds.) *Suicide in prisons*, BPS Blackwell, Oxford, pp. 102-121.
- 29 Snow, L. and Biggar, K. (2006), "The role of peer support in reducing self-harm in prisons",  
30 in Dear, G. E. (Ed.) *Preventing suicide and other self-harm in prison*, Palgrave, New  
31 York, pp. 153-166.
- 32 South, J., Bagnall, A., Hulme, C., Woodall, J., Longo, R., Dixey, R., Kinsella, K., Raine, G.,  
33 Vinall, K. and Wright, J. (2014), "A systematic review of the effectiveness and cost-  
34 effectiveness of peer-based interventions to maintain and improve offender health in  
35 prison settings. Report for the National Institute for Health Research (NIHR) Health  
36 Services and Delivery Research (NIHR HS&DR) programme Project: 10/2002/13".
- 37 South, J., Meah, A., Bagnall, A.-M., Kinsella, K., Branney, P., White, J. and Gamsu, M.  
38 (2010), "People in Public Health - a study of approaches to develop and support  
39 people in public health roles. Final report", London, NIHR Service Delivery and  
40 Organisation programme.
- 41 Syed and Blanchette (2000a), "Results of an evaluation of the peer support program at  
42 Grand Valley Institution for women", Correctional Service of Canada.
- 43 Syed, F. and Blanchette, K. (2000b), "Results of an evaluation of the peer support program  
44 at Joliette Institution for women", Correctional Service of Canada.
- 45 Sykes, G. M. (1958), *The society of captives: a study of a maximum security prison*,  
46 Princeton University Press, New Jersey.
- 47 The Howard League for Penal Reform (2014), "Breaking point: understaffing and  
48 overcrowding in prisons. Research briefing", London, Howard League.
- 49 Turner, G. and Shepherd, J. (1999), "A method in search of a theory: peer education and  
50 health promotion", *Health Education Research*, Vol. 14 No. 2, pp. 235-237.
- 51 Vaz, R. G., Gloyd, S. and Trindade, R. (1996), "The effects of peer education on STD and  
52 AIDS knowledge among prisoners in Mozambique", *International Journal of STD &  
53 AIDS*, Vol. 7 No. 1, pp. 51-54.
- 54 Woodall, J. (2007), "Barriers to positive mental health in a Young Offenders Institution: a  
55 qualitative study", *Health Education Journal*, Vol. 66 No. 2, pp. 132-140.
- 56  
57  
58  
59  
60

- 1  
2  
3 Woodall, J. (2010), "Control and choice in three category-C English prisons: implications for  
4 the concept and practice of the health promoting prison. Unpublished PhD thesis",  
5 *Faculty of Health*, Leeds, Leeds Metropolitan University.
- 6 Wright, K. N. and Bronstein, L. (2007a), "Creating decent prisons: A serendipitous finding  
7 about prison hospice", *Journal of Offender Rehabilitation*, Vol. 44 No. 4, pp. 1-16.
- 8 Wright, K. N. and Bronstein, L. (2007b), "Organizational Analysis of Prison Hospice", *The*  
9 *Prison Journal*, Vol. 87 No. 4, pp. 391-407.
- 10 Wright, N., Bleakley, A., Butt, C., Chadwick, O., Mahmood, K., Patel, K. and Salhi, A. (2011),  
11 "Peer health promotion in prisons: a systematic review", *International Journal of*  
12 *Prisoner Health*, Vol. 7 No. 4, pp. 37-51.
- 13 Zack, B., Smith, C., Andrews, M. C. and May, J. P. (2013), "Peer Health Education in Haiti's  
14 National Penitentiary The "Health through Walls" Experience", *Journal of Correctional*  
15 *Health Care*, Vol. 19 No. 1, pp. 65-68.
- 16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50  
51  
52  
53  
54  
55  
56  
57  
58  
59  
60

For Peer Review