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**Key Messages**

- People in prison often have substantial health and social need and studies show that ill-health is more common in the prison population than the general community.

- This research briefing summarises the evidence on peer-based interventions in prison settings. The findings reported here have been produced by carrying out a systematic review - an organised way of locating, assembling and evaluating a body of literature on a particular topic using a set of specific criteria - and by holding a mini-conference with experts in the area.

- Organisational support from within the prison (i.e. the support of prison staff, governors) is essential if peer approaches in prisons are to be successful.

- Peer helpers can offer a valuable source of support within prisons, particularly for prisoners with mental health needs.

- Peer education can be an effective way to reduce risky behaviours like sharing needles.

- There is good evidence that becoming a peer helper is linked to feeling more confident and having better health.

- Peer interventions - where prisoners provide education, support or advice to other prisoners - are an established feature of many prisons in England and Wales. More could be known about how effective this approach is for addressing health and social needs in the prison setting.
Why is this briefing for?
This briefing has been specifically written for:

- Policy-makers both in the health and criminal justice sector
- Prison governors and managers
- Prison staff
- Organisations that provide or commission offender health services
- Voluntary sector organisations involved in the delivery of peer interventions in prison.

Why is this study important
Poor health is far more common in the prison population than the general community and because of this, the Department of Health see 'offender health' as a key priority. In April 2015 the prison population of England and Wales was 85,591 which is one of the highest imprisonment rates in Europe. Prison establishments within England and Wales vary in terms of their governance, security level and whether they hold adult males, females, young offenders or juveniles.

Peer interventions are commonly used in prisons in England and Wales – the most well-known is perhaps the Listener scheme. Peer intervention is an umbrella term to cover a range of approaches including: peer education, peer mentoring, peer support, peer counselling and peer training. The premise of these is the same - programmes delivered by prisoners for prisoners. Estimates suggest that seven percent of prisoners are involved in peer support roles.

This research briefing reports findings from a synthesis of the evidence on peer-based interventions in prison settings. The findings reported here have been produced by:

1. Carrying out a systematic review of the effectiveness and cost effectiveness of peer interventions in prison
2. Holding a mini-conference with experts who have specialist knowledge in this area.

In addition, ‘listening exercises’ were held in three prisons with current serving prisoners as part of the patient and public involvement in the study.

This briefing is based on the findings of the ‘Peers in Prison Settings’ study, an independent piece of research funded by the National Institute for Health Research. To access the full findings please visit: www.leedsbeckett.ac.uk/pips.

Types of peer models
The study was able to identify a range of peer interventions being used in the prison setting, both in terms of the health issues addressed and the mode of delivery. The types of models include a number that are currently operating in the prison system in England and Wales, including: the Listeners scheme, which covers most prisons in England & Wales; Insiders; peer advisors; and health trainers.

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1 A systematic review is an organised way of locating, assembling and evaluating a body of literature on a particular topic using a set of specific criteria
## Interventions

<table>
<thead>
<tr>
<th>Intervention mode</th>
<th>How this applies in prisons</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peer education</td>
<td>Communication, education and skills development occurring between prisoners who share similar attributes or types of experience with the aim of increasing knowledge and awareness of health issues or supporting health behaviour change</td>
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<tr>
<td>Peer support</td>
<td>Support provided and received by prisoners who share similar attributes or types of experience. Prison peer support workers provide either social or emotional support or practical assistance to other prisoners on a one-to-one basis or through informal social networks</td>
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<tr>
<td>Listeners</td>
<td>A suicide prevention scheme, where prisoners provide confidential emotional support to fellow prisoners who are experiencing distress. Listeners are selected, trained and supported by the Samaritans and the scheme operates across most prisons in England and Wales</td>
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<tr>
<td>Insiders</td>
<td>Volunteer peer support workers who provide reassurance, information and practical assistance to new prisoners on arrival in prison</td>
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<tr>
<td>Peer Support Team (PST) program</td>
<td>A Canadian model where women prisoners provide emotional support on a one-to-one basis to other women prisoners. It aims to develop women’s autonomy and self-esteem</td>
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<tr>
<td>Prison Hospice volunteers</td>
<td>In the USA, prison hospice volunteers provide companionship, practical assistance and social support to terminally ill prisoners. They work as part of a multidisciplinary hospice team</td>
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<tr>
<td>Peer mentoring</td>
<td>Prison peer mentoring involves prisoners or ex-prisoners working one-to-one with offenders to develop supportive relationships and act as role models both in the prison setting and ‘through the gate’</td>
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<tr>
<td>Health trainers</td>
<td>Prison health trainers work with fellow prisoners around healthy lifestyles and mental health issues. Prison health trainer schemes are adapted from the community-based health trainer model</td>
</tr>
<tr>
<td>Peer advisors</td>
<td>Peer advisors provide housing and/or welfare benefits advice to other prisoners, particularly new prisoners and those planning for resettlement</td>
</tr>
<tr>
<td>Other intervention modes</td>
<td>Other specific interventions identified in review. Peer training (violence reduction); Peer outreach (harm reduction); Peer counsellors (substance misuse); Peer observers (suicide prevention)</td>
</tr>
</tbody>
</table>
Do peer-based interventions make a difference to prisoner health?

The findings from our study suggest that peer interventions make a positive difference to those prisoners involved in delivering the intervention. This was observed across a number of different models including peer education, peer support, Listeners, prison hospice volunteers, health trainers and peer advisors. Peer workers also developed skills which were suitable for future employment - this was particularly found for those working as peer advisors and health trainers.

There were some negative effects in relation to being a peer worker and these related to the emotional burden of listening to other prisoners’ problems and issues. Discussions relating to suicidal intentions and other distressing topics could be particularly burdensome for peer workers to manage.

For prisoners who receive peer support, there was some evidence that peer education interventions are effective at reducing risky behaviours (e.g. sharing needle equipment). There were a number of studies that assessed the Listener scheme and its impact on those accessing support. Our review found that the Listeners scheme is an effective means of providing targeted emotional support for individual prisoners who identify need. The evidence on whether Listeners reduce the incidence of suicide and self-harm in prisons was weak.

Health trainers, a model exclusively used in prisons in the UK, were found to be connecting with prisoners on a range of lifestyle issues; however, there was insufficient evidence on the impact health trainers were making to changing behaviour.

What are the positive and negative impacts of delivering peer-based interventions on health services in prisons?

A number of factors influencing the delivery and maintenance of peer interventions were identified in the study. Most of this information came from studies that had spoken to prisoners and/or prison staff directly. The findings indicate that peer interventions cannot be considered ‘stand-alone’ interventions in the prison, but our study found that having a group of peer workers within a prison can increase service capacity. The evidence highlighted a number of issues that need to be considered when setting up a peer programme to minimise negative effects such as security risks.
Setting up a peer programme - key factors

Organisational Support

There was strong and consistent evidence in relation to the importance of organisational support within the prison in order for peer interventions to be successful. Moreover, the positive impact of peer-based interventions on prison culture and ethos was noted. The most positive effects were reported in relation to peer support, prison hospice volunteers and Listeners.

Selection of Peer Workers

- There is very little evidence about selection procedures for recruiting peer workers (the exception is the Listener scheme)
- Security and risk management often featured in selection criteria, along with interpersonal skills, knowledge and the prisoners' likely length of stay

Training of Peer Workers

- Procedures varied in terms of the content, duration and intensity of the training
- There was a link between participation in training and individual benefits, such as development of skills and confidence
- The added value of gaining accreditation, such as NVQs was identified as being beneficial

Retention and Attrition

- Retention was a key concern in the literature
- Managing prison 'turnover' i.e. the sudden or unexpected movements of prisoners from institution-to-institution was difficult for some peer schemes especially those delivered in short-stay or remand prisons
How effective are peer delivered services in comparison to professionally delivered services?

Peer workers were said to demonstrate empathy due to their lived experiences, were frequently described as non-judgemental and were trusted by prisoners and able to offer more time than staff. Accessibility was also a theme, with prisoners feeling more at ease talking with peer workers than professional staff. There is some evidence that peer educators are as effective as professional educators for HIV prevention outcomes, and strong evidence that peer delivery is preferred to professional delivery.

Are peer interventions cost-effective?

Although experts at the mini-conference broadly suggested that the benefits outweighed the costs of peer interventions in prisons, very few research studies were found on cost-effectiveness. Our analysis showed, however, that involving prisoners in HIV education may be more cost-effective than education by staff.
What do serving prisoners think about the study findings?

The listening exercises were held as part of the patient and public involvement in the study with a non-representative sample of prisoners, many of whom were peer workers. We asked these prisoners to comment on the practical application of our emerging findings from the systematic review. Peer workers spoke of playing a ‘bridging’ role between prisoners and staff, providing information and support as and when it was needed.

Peer workers confirmed the review findings in that they reported high levels of satisfaction in carrying out the role. Peers did not feel in danger of burn-out as found in some studies, but instead suggested they had adequate support.

Implications for practice

1. Peer interventions can be considered a valuable approach to maintain or improve health and wellbeing in the prison setting
2. Offering opportunities to become peer workers will enhance prisoners’ individual health and wellbeing, providing adequate recruitment, training and support are in place
3. Training and support packages for peer interventions need to adapt to contextual factors specific to the prison environment in order to achieve success
4. Peer interventions although based on prisoner-to-prisoner relationships, ultimately have to be co-constructed with prison staff in order to be effective
5. Although the study results are broadly positive about peer interventions in prison, it cannot be assumed that all peer interventions will be effective in all types of prison establishment
6. Recognising the value of peer health workers as a resource in prison does not negate the value of professional staff

What does this mean for practice?

Peer interventions can have positive effects for both peer workers and those prisoners receiving the intervention. In addition, these interventions can impact positively in the organisation, for example through improvements in prison culture or reduced demand on staff.
In a nutshell…

This research briefing highlights the important contribution that peer interventions can make to the health and wellbeing of the prison population. The study conclusions were that there is good evidence that become a peer helper is linked to feeling more confident and having improved well-being. Peer workers can offer a valuable source of support within prisons, particularly for prisoners with mental health needs. Overall there is little research on costs but our analysis showed that involving prisoners in HIV education may be more cost-effective than education by staff. The study has highlighted the importance of peer workers working within the prison environment.

How was this briefing produced?

The findings have come from a systematic review where we gathered the results of studies across the world to provide a comprehensive and unbiased summary of whether peer interventions work in prison. We also held a mini-conference where we invited experts in this share to share their opinions of how these approaches work in prisons, and held some listening exercises where we consulted about the study with serving prisoners as part of patient and public involvement in the study.

When prison staff and management provide support for peer interventions, the likelihood of success is increased
**Funding**

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**Reports**

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To access the full findings please visit: [www.leedsbeckett.ac.uk/pips](http://www.leedsbeckett.ac.uk/pips)


**A systematic review of the effectiveness and cost-effectiveness of peer education and peer support in prisons** [http://www.biomedcentral.com/1471-2458/15/290](http://www.biomedcentral.com/1471-2458/15/290)

**If you want to know more**

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