

# PEER SUPPORT IN PRISON HEALTH CARE

## An investigation into the Listening Scheme in one adult male prison

Peer Support in Prison Health Care



Chief investigator: Dr John Foster

Research funder: School of Health and Social Care University of Greenwich

September 2011– December 2011

Report written by:

Helen Magee, Senior Research Fellow, School of Health and Social Care, University of Greenwich London SE9 2UG

Email: [h.j.magee@gre.ac.uk](mailto:h.j.magee@gre.ac.uk)

Dr John Foster, Principal Fellow, School of Health and Social Care, University of Greenwich London SE9 2UG

[www.gre.ac.uk/schools/health](http://www.gre.ac.uk/schools/health).

December 2011

<b>Contents</b>	<b>Pages</b>
Executive Summary	4 - 7
Chapter 1: Introduction	8
Chapter 2: Research aims and objectives	9
Chapter 3: Methodology	10 - 11
Chapter 4: Findings	12 - 54
Chapter 5: Discussion	55 - 62
References	63 - 64

## **Appendices**

Appendix 1: Participant Information Sheet: Listeners	65 - 67
Appendix 2: Topic guide: Listeners	68 - 70
Appendix 3: Participant Information Sheet: Prisoners	71 - 73
Appendix 4: Topic guide: Prisoners	74 - 75
Appendix 5: Participant Information Sheet: Officers and Health Care	76 - 79
Appendix 6: Topic guide: Prison/Health Care staff	80 - 82
Appendix 7: Consent form	83 - 84

## Executive Summary

### Introduction

Prisoners are six times more likely to take their lives than an average person in the UK. Current prison suicide prevention policy in England and Wales reflects the importance of peer supporters and working with outside bodies such as the Samaritans. Under the Listening scheme, a peer support system developed by the prison service and the Samaritans, selected prisoners are trained to listen in confidence to fellow prisoners experiencing psychological and emotional distress which may lead to self harm or suicide. The scheme originated in HMP Swansea in 1991 and there are now over 1200 Listeners across the prison estate.

Peer support is an increasingly significant aspect of health care provision as emphasis shifts from treatment to the promotion of health and well-being. The published evidence base for the role of Listeners in the mental well-being of offenders is limited to a few small empirical studies and reviews and evaluations that have looked at the prison service suicide strategy as a whole. Furthermore, the prison population has increased dramatically in recent years and responsibility for prison health care has now been transferred from the prison service to the NHS. The aim of this research study was to investigate prisoners' willingness to use peers for emotional and psychological support, to explore the impact upon providers and recipients and to investigate prisoners' and health care professionals' perceptions of its effectiveness in reducing distress.

### Methodology

A qualitative approach in one prison has been chosen for this research to complement earlier survey based research and to enable a more in-depth investigation of perceptions and understandings. Face-to-face interviews were conducted with: six Listeners; seven prisoners who had used the Listening scheme; seven prisoners who had not used the Listening scheme; two prison officers; six health care professionals and the Samaritan Branch Prison Support Officer.

In addition to the interviews, two Listener training sessions and one Safer Custody Group meeting were observed in order to gain an understanding of the training provided by the Samaritans and the contribution Listeners make to the safer custody strategy within the prison.

### Findings

The local Samaritan branch enjoys an excellent relationship with the prison and the operation of the scheme is a joint project between branch volunteers and the Safer Custody Office. Whilst the number of Listeners in the prison fluctuates owing to the natural churn within the prison system, recruitment seems healthy and there are three intensive training courses every year. But the prison is perhaps particularly fortunate in having such a well-resourced and committed Samaritan branch.

Levels of awareness of the scheme are high and there is a basic understanding of its aims amongst prisoners whether they use it or not. The extent of use is somewhat difficult to ascertain as official prison records of Listener call-outs do not include informal contacts and follow-ups and are therefore probably an underestimate. Prisoners who use the scheme spoke of anxiety, depression, frustration with the practicalities of life in custody

and the isolation of being removed from family and friends. Health care professionals also referred to the relatively high proportion of individuals with diagnosable mental health problems within the prison system and Listeners reported that a significant number of their clients self harm. Prisoners who had not used the scheme usually felt able to deal with their own problems or had other sources of support, such as cell-mates and visits from family members. Although most research participants acknowledged that seeking help might be interpreted as a sign of weakness in a male prison, there seemed to be a far greater likelihood that prisoners would turn to their peers than to prison officers or indeed, health care professionals, who were generally seen as less understanding and less approachable. Staff workloads also meant they had limited time to spend with individual prisoners.

Listeners enjoyed their roles and spoke primarily of wanting to support their fellow inmates, but also the opportunity to escape the confines of their cell and pass the time in prison more quickly. They also seemed to benefit in terms of personal development. However, there are other, less altruistic reasons why a prisoner might wish to volunteer in this way including a guarantee of a six month hold before being moved to another prison and an individual cell. On the negative side, the emotional responsibility of listening to distressed prisoners and maintaining confidentiality in some of the most difficult situations can weigh heavily, although those interviewed for this study felt they generally coped well.

Although there is good support for the scheme at an institutional level, there was some evidence that the attitude of individual prison officers could vary suggesting that early reservations about the Listening role had not been entirely eradicated. This occasionally seemed to impact upon access to the scheme if officers failed to respond to requests for a Listener. However, it should be noted that as only two prison officers were interviewed, this perception comes principally from prisoners and Listeners. Health care professionals expressed respect for the work that Listeners do, but Mental Health In-reach support workers in particular felt they needed more supervision and training in basic mental health issues.

A peer support scheme within a custodial setting inevitably faces certain challenges. It can be abused by both providers and users. This did not seem to be a significant problem within the prison, but a small number of Listeners are dismissed from the scheme every year for passing drugs or mobile phones around the prison and prisoners can be refused access to Listeners if they are considered to be wasting time or becoming too dependent. Demand for Listeners is heaviest in Health Care, the Segregation Unit and in the evenings after lock-down. During the day Listeners are free to move around the prison, but at night they must be escorted. The small number of officers on duty at this time can create delays in response to call-outs, but it is difficult to see how this can be avoided and prisoners seem not to have experienced too many problems in this respect. However, Listeners do tend to be concentrated in one houseblock rather than being evenly distributed around the prison. Confidentiality is central to the Samaritan and therefore Listening philosophy, but it rests on the group rather than the individual and the Listeners did not generally have any difficulties in adhering to it. However, In-reach support workers in the prison questioned the principle in cases of potential suicide.

Far more problematic was the issue of vulnerable prisoners (VPs). Application for Listener training is open to all prisoners irrespective of their index offence, but there is a great deal of prejudice against VPs usually regarded as synonymous with sex offenders. Not all trainees are happy to be trained alongside, or to be called out to,

VPs. The prison has adopted a policy of VP Listeners for vulnerable prisoners, but this is dependent upon there being a sufficient number to meet the relatively high demand and does not always cover those VPs who are in Health Care or Segregation. At the time the research was being conducted, the few VP Listeners were also being denied access to group support from the Samaritan volunteers following an incident during one such session.

Overall, the Listening scheme is seen to benefit the prison in a number of ways. At one level it provides a safe space in which prisoners can vent their frustrations thereby diffusing situations which might increase the volatility of the atmosphere in the prison. At another level, it provides additional support to prisoners in emotional and psychological distress and relieves the pressure on prison and health professionals. Many research participants struggled to find ways in which it could be improved, but the following suggestions were made:

- re-integration of the VP Listeners into the main listening group for Saturday support sessions
- the option for prisoners to specify the type of Listener, for example a Muslim or a younger/older Listener if required
- some basic mental health training for all Listeners
- speedier escorts back to their cells for Listeners when a call has ended
- a more equal distribution of Listeners across all the houseblocks
- hand washes for all Listeners
- the provision of one-to-one supervision for Listeners
- the ability to “book” Listeners
- an age restriction so that only more mature prisoners could apply to become Listeners
- pamphlets detailing the way the scheme works which could be pushed under each cell door

### **Future Challenges**

Arguably the main concern that arises from our findings is how to provide a consistent Listening service to vulnerable prisoners. There appear to be two main challenges in this area; firstly to provide sufficient resources within prison services and secondly to address the negative attitudes expressed towards this group both by some prisoners and prison staff. The current Samaritan confidentiality policy provides certainty for the Listener and prison service however some consideration should be given to integrating basic mental health awareness and knowledge into Samaritan training. Finally the Listeners are often in possession of important information and it would be beneficial to consider greater integration into the health care team but at the same time maintaining the confidentiality principle and avoiding “medicalising the service.”

### **Future Research**

The data in the current study suggests that the Listening scheme benefits both the Listeners and the prison service. It could be argued that it is fundamental to the prison suicide and self-harm policy. However to date there have been no studies that have attempted to measure the outcomes produced by the Listener service or tease out its contribution in contrast to other important variables such as the role of other prison support

services. One of the main challenges facing NHS services of all different kinds is to ensure that money is spent on evidence-based services. To this end some form of cost benefit analysis of the Listening scheme would be beneficial. Volunteers for the Samaritans do not have to opt to work with the prison Listeners. In the prison where this study was conducted the scheme was well resourced. We suggest that this leads to two future avenues for possible research: firstly to investigate the types of volunteers who wish to work with Listeners and equally importantly those who do not and secondly to examine how the Listening scheme operates in prisons where Samaritan resources are stretched to support the service.

## **Conclusions**

From the perspective of virtually all those who participated in this research - the Safer Custody office, health care professionals, prisoners, Listeners and Samaritans - this is a Listening scheme that works well. The Samaritan volunteers were universally praised for their commitment and enthusiasm and there was evidence of a strong and positive relationship between them and the prison. Most prisoners who had used the scheme spoke highly of their experiences and greatly appreciated the support it provided. The Listeners themselves derived a great deal of satisfaction from their work and thought they also benefited in terms of personal development. A few tensions were highlighted between them and prison staff, but this did not appear to be a significant problem and their individual relationships with health care professionals seemed to be based on mutual respect and trust. However, by its very nature, the scheme does present certain challenges and these still have to be addressed even in the more successful examples. In this prison, these seem to centre on the integration of VPs into the Listening scheme and the need to extend the Samaritan's obviously strong relationship with the prison authorities to Health Care and possibly other areas of support such as the Chaplaincy. A closer working relationship with In-reach services in particular might facilitate better support and training for the Listeners and a clearer understanding of the way the principle of confidentiality is interpreted in the prison. In terms of best practice, there is much to be learnt from the way the scheme operates in this prison. However, it seems unlikely that all prisons enjoy the advantages of such a well-resourced and motivated local Samaritan branch. This only serves to emphasise the importance of effective management and co-ordination in the implementation of any peer support programme.

## Chapter One: Introduction

Prisoners are six times more likely to take their lives than an average person in the UK ([www.samaritans.org](http://www.samaritans.org)). In 2010 there were 58 apparent suicides in custody in England and Wales (MoJ news release 2 January 2011) and there are approximately 23,000 incidents of self harm every year (NOMS Safer Custody News, Nov/Dec 2008). Current prison suicide prevention policy in England and Wales is laid down in the Revised Prison Service Order 2700 (Suicide Prevention and Self-Harm Management) published in October 2007 and implemented in April 2008. It incorporates developments such as the introduction of the Assessment, Care in Custody and Teamwork (ACCT) care planning procedures for those at risk, and integrated local Safer Custody Teams. It also reflects the importance of peer supporters and working with outside bodies such as the Samaritans. Under the Listening scheme, a peer support system developed by the prison service and the Samaritans, selected prisoners are trained to listen in confidence to fellow prisoners experiencing psychological and emotional distress which may lead to self harm or suicide. The scheme originated in HMP Swansea in 1991 and there are now over 1200 Listeners across the prison estate ([www.samaritans.org](http://www.samaritans.org)).

The involvement of community-based agencies such as the Samaritans in the running of peer support schemes in prison is rare outside the UK (Daigle M et al, 2007). Furthermore, the published evidence base for the role of Listeners in the mental health of offenders is limited to a few small empirical studies, and reviews and evaluations that have looked at the prison service suicide strategy as a whole. An early study of the Swansea scheme found that the incidence of self harm had been halved and that the scheme had a positive effect on relationships between prisoners, staff and caring agencies in the prison (Davies, 1994). However, the author of this study had been the director of the scheme for the first six months of its operation and therefore could not provide an entirely objective view. Snow (2002) provided an overview of three unpublished reviews of Listener schemes and conducted her own review in 1998. The findings from these reviews were mixed. There was evidence that the schemes reduced distress amongst some and that Listeners themselves felt well supported. But the reviews also revealed the difficulties associated with the maintenance of total confidentiality in a prison setting. More recently, a study of a prison hospital wing suggested that relationships between Listeners and prison health care staff could be problematic (Foster et al, 2008). A few qualitative studies have looked at the scheme solely from the perspective of the Listeners (Richman, 2004; Farrant, 2004 and Dhaliwal and Harrower, 2009).

Peer support is an increasingly significant aspect of health care provision generally as emphasis shifts from treatment to the promotion of health and well-being. In their search for a theoretical basis for peer education in health promotion, Turner and Shepherd (1999) have proposed a number of reasons why this might be so. They suggest that peer education is empowering and beneficial to those involved, it uses an already established means of sharing information and advice, peers are more successful than professionals in passing on information because people identify more readily with them and it is more cost effective than other systems.



## Chapter Two: Research aims and objectives

Snow concluded that assessments of the efficacy of services established to reduce suicide and self harm will inevitably be inconclusive as the causes of self-harm are usually multifactorial and it is difficult to prove the particular significance of any one reason for its reduction. Nevertheless, it is possible to gain insight into prisoners' willingness to use peers for emotional and psychological support, to explore the impact upon those who provide it and to investigate perceptions of its effectiveness in reducing distress. Snow suggests that evaluations of such schemes are important in order to improve service provision. It is now over ten years since her review and the evidence base for the success or otherwise of these schemes remains very limited. Moreover, there have been major changes in these intervening years. The prison population has increased dramatically and responsibility for prison health care has now been transferred from the prison service to the NHS. It was therefore considered timely to return to this issue by building on the research conducted by Foster and conducting an in-depth study of the operation of the Listening scheme in the adult male prison which was the subject of his 2008 research. Unlike other studies, the present project considers the perspective of prison health care professionals as well as prisoners and Listeners themselves.

The objectives of the research were:

- To explore the perceptions and experiences of the Listening scheme as shared by prisoners, prison Listeners and members of the prison health care team.
- To explore the impact of being a Listener upon those who volunteer
- To investigate the particular strengths and limitations of the Listening scheme in supporting prisoners in emotional and psychological distress

## Chapter Three: Methodology

Approval for the project was granted by Essex 2 Research Ethics Committee, the National Offender Management Service (NOMS) and the Western Sussex Hospitals NHS Trust.

A qualitative approach in one prison was chosen for this research to complement earlier survey based research and to enable a more in-depth investigation of perceptions and understandings.

The project began with a review of the English language research literature on peer programmes for emotional and psychological support in prison. This provided the context for the Listening scheme and enabled a comparison with other programmes used in prisons elsewhere.

### *The prison*

The prison chosen as the research site is a category B local prison for adult and young adult males. It has an operational capacity of 1103 accommodated on six houseblocks as follows:

- Houseblock 1 – general population
- Houseblock 2 – general population and vulnerable prisoner unit
- Houseblock 3 – induction/first night unit
- Houseblock 4 – general population and detoxification
- Houseblock 5 – A-spur – voluntary drug testing unit / B-spur – general population
- Houseblock 6 – detoxification/maintenance prisoners

The most recent HMIP report on the prison refers to an improvement in the support for Listeners since the previous report and the five Listeners consulted said that the staff treated them well and their role was respected. (Report of an unannounced short follow-up inspection, May 11-13 2009). The latest Independent Monitoring Board annual report (December 2009 – November 2010) described the prison Listening scheme as excellent.

### *Sample and recruitment*

Initial interviews with the local Samaritan Branch Prison Support Officer (BPSO) and the prison Safer Custody Officer provided an introduction to the Listening scheme in the selected prison. With the assistance of Samaritan volunteers, senior prison officers and Health Care staff, the following were recruited for in-depth qualitative interviews:

#### (i) Six prison Listeners

A list of all the current Listeners was drawn up by the BPSO. The researcher then made a random selection of potential interviewees based on their number in the list. All those invited to participate agreed to do so.

(ii) Prisoners

Fourteen prisoners were selected by prison staff across the prison based on their availability and their use or non-use of the Listening scheme. They were asked by a prison officer or a Samaritan volunteer if they would be happy to participate and all agreed.

(iv) Health care

Invitation letters were distributed by health care staff. Two prison nurses, one prison Health Care worker, two members of the Mental Health In-reach Team and one member of CARAT (Counselling Advice, Referral, Assessment and Through Care) volunteered to participate. The prison psychiatrist was approached directly and agreed to participate.

All interviewees were given an information sheet prior to the interview and had an opportunity to ask questions or withdraw before they were asked to sign a consent form.

*Data collection and analysis*

Samaritan volunteers escorted the researcher around the prison. Interviews were conducted in the Samaritan office, the Listening suites on the prison houseblocks or in the Health Care Department. With the permission of the prison authorities and consent of individual interviewees, interviews were audio-recorded and transcribed. In addition to the interviews, two Listener training sessions and one Safer Custody Group meeting were observed in order to gain an understanding of the training provided by the Samaritans and the contribution Listeners make to the safer custody strategy within the prison. The researcher also took field notes as she was escorted around the prison.

Thematic content analysis techniques were used to analyse the data.

## Chapter Four: Findings

### Operation of the scheme

Basic information on the day to day operation of the Listening scheme was provided in the preliminary interviews with the Samaritan Branch Prison Support Officer and the prison Safer Custody Officer. The observations of training sessions and a Safer Custody meeting supplemented this information.

#### *Recruitment, selection and training*

The optimum number of Listeners for a prison of this size was considered to be 30. At the start of the research there were 14 fully trained Listeners in the prison. A further 21 completed their training during the course of the research. Applications to become a Listener are invited from all prisoners irrespective of their index offence or status, for example, remand or sentenced. There were no apparent problems with recruitment - over 70 prisoners had applied for the most recent training course. Selection was described as a joint process between the local Samaritan branch responsible for the scheme and the prison, with current Listeners being given an opportunity to add their feedback during training. Some applicants drop out realising that the emotional commitment would be too great for them or because they have particularly strong beliefs which run counter to the Samaritan philosophy.

*All prisoners are initially screened by the prison for security purposes ..... if they are a danger to other prisoners, if they are in danger of moving drugs around, moving phones around they would be ruled out at prison level on the basis of security intelligence, that's nothing to do with their offence, it's to do with their behaviour if you like...then we look at their applications and then we make an assessment of them, but there are no preconditions which would cause us to reject a prisoner..... we go through the selection process where there is group work, there is discussion exercises, there is an interview, there is awareness raising exercise, at the end of the day of activities and interviews we then make a judgement. (Samaritan BPSO)*

*We together do the sift at the beginning, ....last week we got together and we went through the application forms, I got them security checked and so forth, and we managed to sift a few people, and then what we'll do is they'll go up for the interview on Saturday....I went up there just to supervise ....and then [BPSO] come back to me and we fed back what they all thought....If I feel that there's ...a prisoner that may have issues, I will voice it to [BPSO] and vice versa, and we'll come to an agreement. (Safer Custody Officer)*

Although there did not appear to be any purposive attempt to recruit a representative cross section of prisoners, the Safer Custody Officer felt that the current group of Listeners encompassed a wide range of age groups and backgrounds.

*We've got a couple of young'uns.....got black fellas, white fellas, people in for certain things, people that come from different backgrounds, privileged backgrounds, bad backgrounds, it's a real wide range of people.*

Training, conducted entirely by Samaritan volunteers, takes place over eight sessions three times a year in February, June and October. The prison provides the use of the education block and trainees are escorted from their houseblock to attend. The researcher observed sessions five and six which took place on a Saturday in

June. The morning session began with a presentation and discussion on the concept of self-determination and the practical realities of dealing with a suicidal prisoner led by the Samaritan BPSO. Trainees are taught that although a Listener would be expected to do all they can to prevent someone committing suicide, ultimately they must accept that it is the prisoner's right to end his life. Confidentiality is central to the Samaritan, and therefore the Listeners', philosophy and Listeners are taught that they can only pass on information about a prisoner's intentions if that prisoner gives them the permission to do so. However, the law regarding assisted suicide requires Listeners to get help immediately if an inmate starts to harm himself in their presence. Following a further presentation on the importance of asking every contact if they have thoughts of suicide or self harm, the trainees broke up into small groups for skills practice. This took the form of a series of role plays with Samaritans and experienced Listeners taking the role of the caller and trainees acting as Listeners. The scenarios were based on real cases and each role play was followed by a critical analysis of the trainees' approach. The main group then reassembled to listen to a recording of a re-enacted call-out to a suicidal vulnerable prisoner (VP). During the course of the call, it became apparent that the VP is a sex offender. In the ensuing discussion, one of the trainees expressed the opinion that he would be quite happy to help him "on his way out", but then thought he may have "blown his chances" of becoming a Listener. The morning session ended and trainees and Listeners were escorted back to their houseblock.

Over lunch the Samaritan volunteers discussed all the trainees' progress and classified each one as a "strong pass", "pass", "border-line" or "fail". Differing views were debated with some trainees being criticised for being too directive, too quiet, having poor body language, lacking warmth and learning the script too readily. Although no-one was failed, five trainees were considered to be border-line and were therefore listed for a further interview later in the afternoon.

The afternoon session began with a resumption of the discussion regarding vulnerable prisoners. One of the Samaritan volunteers emphasised that Listeners were not there to listen to details of offences and there was general agreement on the need to maintain a professional approach. The trainee who had expressed concern earlier appeared to be reassured. The rest of the afternoon followed a similar format to that in the morning with Samaritan presentations being followed by role plays. The five border-line trainees were called out for interview and the researcher sat in on one of these interviews conducted by the BPSO. Concerns were addressed regarding the trainee's tendency to want to "fix" things rather than explore the caller's feelings and emotions. But during the course of the interview, it emerged that the trainee had issues of his own which were making it difficult for him to focus. The BPSO offered to support him as much as he could believing him to have the potential to be a good Listener. The day ended with a group round-up and a further review of each individual's progress.

It was clear from the research observation that the success of the training courses is heavily dependent upon the resources available to the local Samaritan branch and the motivation of individual volunteers. Seven Samaritan volunteers participated in the sessions observed whilst a further two continued their normal Saturday work in the rest of the prison. This may not be representative of the situation across the whole prison estate as according to the BPSO, some prison branches are much more restricted in the Listener training they can offer.

*We're training 25 prisoners three times a year you know, and some prisons rarely train at all... they just get prisoners further down the line who have been trained. (BPSO)*

Although Listeners are generally held in the prison for a minimum of six months before being moved, refresher training does not seem feasible because of the natural churn in prisons. However, qualified Listeners are encouraged to assist in the training of new Listeners and refresh their skills in this way.

#### *Samaritan support for the Listeners*

The Listeners and Samaritan volunteers meet as a group every Saturday. This is an opportunity for them to share their concerns about individual prisoners and to discuss any operational problems within the prison. It also affords the Listeners the time to off-load any personal issues arising from difficult or stressful call-outs. This type of support would be offered by most Samaritan branches, but the large number of Samaritans volunteering in this prison enables them to offer additional support not available in other branches. For example, their unusually hands-on approach within the prison means that they regularly accompany Listeners when they carry out follow-up visits to prisoners who are causing particular concern.

*We do believe we are unique in doing that, that's a very rare thing... the Samaritan movement nationally does not do that.....we believe that the best way of supporting the Listeners, which is our primary role.... is by sharing their work with them and seeing the difficulties they experience, seeing the difficult prisoners, the staff problems they experience, and working closely with them to support those prisoners at risk. (BPSO)*

These occasions also provide a further opportunity for the Listeners to speak to the Samaritans about any personal issues they may have.

*The formal support they get every week, but regularly during the week we will offer them additional support, for example, when Samaritans come into the prison on Wednesday afternoons they go out Listening with two Listeners, and part of that is Listening to other prisoners with those Listeners, but also you often end up supporting the Listener and chatting to them because you're with them for three hours.... so there's a degree of informal support as well as the formal support. (BPSO)*

#### *Prison support for the Listening scheme*

The relationship between the National Offender Management Service and the Samaritans nationally is determined by a service level agreement. (At the time of the research this was due to be updated). The strength of the local Samaritan branch and its relationship with the prison has enabled this agreement to be customised in a variety of ways. For example, it is national policy for VPs and young offenders only to be seen by Listeners working in pairs. Owing to concerns about safety, this prison has extended that policy to all call-outs. Furthermore the Samaritan volunteers in the prison are permitted to carry keys, a practice not necessarily endorsed by other branches.

*They think it suggests the Samaritans can be too close to the officers.....there is that fair point but there are many, many more benefits. We couldn't do what we do without keys in terms of the practicalities. (BPSO)*

Support for the Listening scheme seems to be closely associated with the direct personal relationship that the Samaritans enjoy with the senior prison authorities. The BPSO regards this as crucial to its success.

*We have been very lucky that we can still approach the Number One Governor. I can still go and talk to him on first name terms, and that's incredible. I can just pop in and see him if he's in his office whereas some Samaritan branches you have to like make an appointment to see the Governor once a year, we are very lucky and we've worked at that. (BPSO)*

The closeness of the working relationship took the current Safer Custody Office by surprise when she first took up her post and she is keen to maintain it. It was her decision to restrict the appointment of orderly positions within the Safer Custody Office to those prisoners who are trained Listeners. They visit every new prisoner and all those considered to be at risk of suicide and have had an ACCT (Assessment, Care in Custody and Teamwork) document opened on them.

*They're Listeners as well....they don't have to be....but ....that's in their job description now, because I feel that, um, how do you put it, it's, it's a skill that I do think they need...I think they need to have the training, ...I wouldn't want to put that on the shoulders of someone who just sort of comes and does little odd jobs for me.*

Prison support for the Listening scheme is reflected in a number of ways. Information about the scheme is provided to prisoners on their induction and is advertised on posters around the prison. As mentioned above, the education block is made available for training purposes and prison staff on overtime escort the trainees and Listeners to and from their houseblocks. The prison hosts a graduation meal when Listeners complete their training to which they are allowed to invite family members. Listeners are not usually expected to carry out their other jobs when they are on duty and those who have been called out in the middle of the night are often excused from work the following day.

Not all areas of the prison are encompassed in this close working arrangement. The relationship between Listeners and Samaritans and the Health Care Department is discussed later in the report. But despite their presumably common aims, there seemed to be only distant contact between the Samaritans and the prison Chaplaincy, for example. This was partly due to historic reasons and possibly a different philosophical approach to the concept of self-determination.

*Relations are not poor but.... our paths do not cross as often as they should I think.... it is not good joined up working. It is on the to do list I think it's fair to say.....we should be sitting down with the Chaplaincy team and saying..... "how could we work more closely together?" (BPSO)*

#### *Safer Custody Meetings*

Listeners are formally represented at the monthly Safer Custody meetings. The researcher observed the meeting on June 30<sup>th</sup>. The meeting was chaired by the Safer Custody Officer and attended by two governors, senior prison officers from the individual houseblocks, a Samaritan representative, a member of the Mental Health In-reach Team, a Health Care nurse, a member of the Independent Monitoring Board and various prison peer workers including two Equality Representatives and two Violence Reduction Representatives.

Unfortunately, with the exception of the Listener attending in his capacity as a Safer Custody Representative, no Listeners were present and therefore no Listener report was presented.

The meeting was divided into two parts. In part one the Samaritan representative presented his monthly update in which he reported on the completion of the most recent training course and the addition of 21 probationary Listeners to the operation of the scheme. He expressed disappointment that there were no new VP Listeners and was concerned that the VP spur may be left unsupported when the two existing Listeners move on. He commented on the high level of Listener contacts recorded – an average of over 100 per week. These figures are much higher than the official number and reflect informal contacts and follow-ups. Two particular issues were raised: feedback from training indicating that Listeners would welcome more sessions on supporting prisoners with mental health problems, and the failure of the prison to notify the Samaritans of three serious suicide attempts in the recent past. The Samaritans are intending to address the former issue and the meeting agreed that the Samaritans will be informed of all future suicide attempts requiring hospitalization. A lively discussion ensued about the position of VPs and VP Listeners. One of the peer workers expressed his concern about an apparent failure to follow up Listening scheme applications from the VP spur and referred to reports that Listeners from the main part of the prison were answering call-outs to VPs and asking for details of their crimes. He felt it was essential that VP Listeners continued to be available to VPs.

In part two all peer workers were asked to withdraw as individual inmates were identified and discussed. The Safer Custody Officer then presented her report. In May 31 ACCTs were opened and 30 self-harm incidents recorded. The number of Listener call-outs recorded in April (71) highlighted the discrepancy between official figures and those recorded by the Samaritans and Listeners. It was made clear that follow-ups should be signed off with the Safer Custody Office as in the past there had been cases where Listeners had used these occasions as opportunities to visit friends. Details of the recent suicide attempts were provided. A senior prison officer from one of the houseblocks commented on the attention-seeking behaviour of one prisoner who was considered to be highly manipulative and had been informed that he would not be allowed to contact a Listener that evening. The meeting continued with discussions not directly relevant to the Listening scheme.

#### *Monitoring the use of the Listening scheme*

As noted in the account of the Safer Custody meeting, it seemed difficult to get a truly accurate picture of the extent to which the Listening scheme is used in the prison as not all contacts are recorded. Formal requests via a prison officer are logged on a daily basis but informal contacts, which appear to occur regularly, are not logged. Both the Safer Custody Officer and the Samaritan BPSO believe that the official records are probably a gross underestimate of the work actually carried out by the Listeners.

*If the prisoner wants a Listener the staff will then phone the control room, they log it, and then they call it out to the Listeners. ....we log 70 every month normally, 70 to 75, but I would say ...that figure's probably more than double that due to prisoners are at work and a member of staff says, "You're a Listener, can you just have a chat with Mr. Smith."... but unfortunately it doesn't get logged. They [Listeners] give me timesheets every week on how much, and it never tallies, because obviously, if you've got a prisoner that's really upset and wants to see a Listener and one walks past you [prison officer], you're not going to go and pick up the phone, you're going to go and say. "Would you?" ...If they done their job properly they'd [Listener] turn round and go, "No, I'm*



*not on rota." But they're not, they're absolutely fantastic, and they'll grab them, so I would say that, that list is, is a lot more. (Safer Custody Officer)*

*We don't even have accurate records on how many people see Listeners. If you went to the Safer Custody Officer tonight they might tell you there's been 20, no, I don't know, 50 contacts in the last week, our statistics tell us there are 128....because the prison statistics record the actually call outs: prisoner in cell, pressing cell bell, says, "can I see a Listener?". We get to 128 because they are doing follow-ups, they are having informal conversations during association, they are as part of their other work promoting, perhaps doing farms and gardens or down in Health Care, they are talking to prisoners who are having bad times, that explains the quite significant discrepancy, so because we can't even have absolute reliable data it's very difficult to assess, I think, the effectiveness, and that is very frustrating I think. (BPSO)*

### **Complaints**

Complaints about individual Listeners or the general operation of the scheme can be addressed to either the Samaritans or Safer Custody, but will usually be dealt with jointly.

*There's a sort of an agreement that if a complaint comes to us or to the prison we will look at it together, we will talk to Safer Custody. The complaints almost always are about logistical issues rather than the content of the conversation... "I didn't get a Listener, I had to wait too long, my Listeners were called away because it was bang up, the officers were waiting outside". Very occasionally we get a complaint about the content, "the Listener wasn't sympathetic, the Listener was disinterested". We will investigate those, a Listener may well be suspended while the investigation is carried out.....we would talk to the complainant, we see if there are any other witnesses, we would talk to the Listener and we'd then make a judgement, they could be dismissed, they could be disciplined depending on what happened, they might be moved prisons, it would depend on what exactly had happened. (BPSO)*

### **Interviews with Listeners**

Six Listeners were interviewed in depth. They included one prisoner who was on remand, a vulnerable prisoner (VP), one prisoner who had been a Listener on previous sentences and two prisoners who were also Health Care Representatives.

#### **a) Motivation for becoming a Listener**

Interviewees often expressed their reasons for applying to the scheme in terms of giving back some of the support they have received themselves in the past.

*I came in to [prison] in 2003.... having a bit of a hard time myself and then called a couple of Listeners out and they helped me through a real hard time, so that's when I first decided to become a Listener here myself.*

(Listener 5)

Although they clearly found the work rewarding in itself, several Listeners also highlighted other factors. Being actively engaged in the Listening scheme not only gave them time out of their cells, it also helped them to put their own problems into perspective and made their sentence pass more quickly.

*It helps me get through my time as well.... if I'm on call, then I'm not thinking about what bothers me.....I might have an issue on the outside and then I'll go and see a caller and ....you don't think about it, it just puts things into context sometimes. It definitely helps, without a doubt, it does help me. (Listener 2)*

A few interviewees had previously discovered their own ability to listen and to support others. It therefore seemed natural to build on this by becoming part of a more formalised peer support system.

*Prior to me becoming a Listener, ... it seemed a lot of younger prisoners approached me for .....advice and stuff like that. And I've seen some of them... I've helped them, a lot of them are down in the dumps and depressed and stuff and it makes a change in them so I thought I might be a Listener. (Listener 6)*

#### b) Use of the Listening scheme

Listeners work in pairs and are on duty approximately twice a month. The estimates offered for the number of calls they receive suggest a steady demand on their services.

*A hell of a lot, yeah, in this prison certainly. I would expect today me and [another Listener] probably will have about three to ten calls today. (Listener 1)*

*Since the beginning of November [a seven month period] I've [VP Listener] done 272. (Listener 2)*

The busiest time for Listeners appeared to be after lock-up when prisoners face hours on their own or with a cellmate who may be unsympathetic to their problems. The areas of heaviest use are predictably Health Care, where those with serious mental health issues are accommodated, and the Segregation Unit where inmates, often on disciplinary charges, are isolated from the rest of the prison.

*The Segregation and Health Care ... I mean they're busier than the others ....especially down the Seg, the Segregation, so they want someone to talk to..... and down in Health Care, obviously they're more sick, you have the guys who might have just come in, they might have mental health or drug dependency problems on the out and like the authority side of the prison, they'd rather talk to a Listener..... But I think with the Health Care, it's a bit like the Seg, they've got no one to talk to at all, they're sitting around down there as well into their separate sort of cells and stuff. (Listener 6)*

#### c) Reasons for call-outs

The Listeners described the aims of the scheme in terms of supporting those who found the prison environment difficult. There were many common themes amongst the kind of problems they reported encountering when they were called out to a prisoner. Typically these centred on the isolation many inmates felt when their cell

door closed in the evening, the tendency to dwell on negative thoughts when they had too much unoccupied time on their own and a general frustration with the practicalities of prison life. Most interviewees spoke of the depression caused by being away from family and friends, the implicit disempowerment caused by their removal from situations on the outside and the anxiety felt by those awaiting sentence or appeals.

*In the early stages.... it's nearly always about separation from family, friends, loved ones and getting over that. Then it moves into ...the kind of technical problems about getting to the phone, ....being able to write, being locked up all the time, getting on with their cell mate, where all of a sudden they're sharing with somebody at very close quarters that they haven't chosen and having to put up with that. Once those stages are over, after about sort of two months I suppose, it then settles down into general day-to-day anger, 'Well I've been banged up here, why can't we have exercise' and similar things, ... you're separated from family and ....you're not even part of the difficulties that they're having, you're so immersed in your own, but then slowly the concerns of family and what they're missing and kids suddenly not performing very well at school or death in the family, pet dying, sons and daughters losing jobs or not getting jobs, those kind of things that are things that you have to deal with outside...you can't do anything about it. (Listener 4)*

In addition to these more commonly occurring problems, interviewees also discussed the prevalence of self harm and the risk of suicides within the prison. All Listeners are trained to ask a caller if they have thoughts of suicide or self harm and felt that the work they do could save lives in some circumstances.

*If I get ten calls a day, I'd say at least one of them would be suicide or self-harming, yeah, 10%. (Listener 2)*

*We've been there in some bad moments where a prisoner "I want to kill myself" etc. and when it's basically sat there ....spoken to him and got him out of that frame of mind, you know, we do save lives. We do get some...genuine callers call us who are very, very desperate; we're the last point of call. (Listener 1)*

However, there was also a recognition that prisoners who were seriously considering suicide would probably not contact a Listener or any other source of support.

*If somebody calls for a Listener they want help, they don't really want to kill themselves, ....but someone who don't cry for help, they don't call for a Listener and they're the people that you see them hanging in their cell...because we had a meeting two weeks ago and there were two instances where the officers just about made it, see two people hanging and all the Listeners....no one knew of these two people. So it just goes to show that people that are serious about killing themselves they don't call for Listeners. (Listener 3)*

#### d) Importance of peer support

The Listeners were asked whether and why prisoners might turn to them for support rather than seeking support from other sources within the prison, such as prison officers or health care professionals. They all agreed that as fellow prisoners they were able to offer a greater degree of empathy, were less likely to judge and because of their strict confidentiality code, were generally trusted more than those in authority.

*It has to be just purely and simply because we are prisoners ourselves, and therefore living and breathing the problems that they're experiencing on the whole. (Listener 4)*

*They know we're convicted prisoners ourselves you know, we're not going to judge them, as I say it is confidential and I think there's a lot of prisoners they see prison staff as the other side of the line so they won't go to them with their troubles. (Listener 5)*

#### e) Impact of being a Listener

The Listeners interviewed generally seemed to cope well with the emotional burden associated with their work. One had experienced problems when a prisoner expressing suicidal thoughts had refused to give him permission to speak to anyone else. Others described occasions when they had spent many hours with one caller or had been called out several times in one night.

*I don't take it away with me, I don't go back to me cell worrying about this person and their problems ....it's like I suppose ....if you're a police officer or a prison officer, someone that works in a hospital, I think the minute you start taking your problems home with you and dwelling on them it's too much....so I think you've got to have that cut off period. (Listener 5)*

*There was a situation, ....where I individually, ....saw one particular prisoner three times for a total of about seven and a half hours, and he was very adamant that he was going to end his life before going to court on the Monday. I didn't know how serious that was, but I took it very, very seriously, he was in an extreme state of stress, and each time we'd finished, although he had said to me 'No, I'm not doing it yet, I'll wait', he wouldn't give me permission to talk to anyone about it. He included in that talking with the Samaritans and the other Listeners ....so I was the only person carrying that around..... it was causing me a bit of unrest when I was going through it, but it was afterwards, to find out that it had been for real and I hadn't been able to talk with anybody about it....that was difficult. (Listener 4)*

Despite the emotionally demanding nature of the role, it was clear from many of the interviews that being a Listener could also have a very positive effect upon an individual's personal development. Most Listeners spoke of their improved communication skills, deeper levels of understanding and an enhanced sense of self-worth. Close relatives and partners had often noticed a change in their behaviour and a greater willingness to listen and empathise. A few hoped to use their experience when they were released from prison.

*I think I'm a lot more patient and that and not so quick to jump to conclusions about things....I've got a 19 year old daughter and a 13 year old son, they've noticed a difference as well. (Listener 6)*

*It makes me feel a bit better about me, you know ...and that is a nice feeling, to know that people look at you and see somebody they respect and like. (Listener 4)*

#### f) Attitude of prison officers to the Listening Scheme

Listeners generally felt well supported by the prison and by prison officers and many of their comments endorsed the views of the BPSO and the Safer Custody Officer regarding the ways in which this support was demonstrated.

*They all understand that the Listener's duties come first. Say for instance I was working in the kitchens and I was on the rota for today, then the kitchens would give me the day off to sit on the wing in case a call came through. (Listener 5)*

In the early years of the Listening scheme prison officers were often reluctant to accept the value of peer support and were concerned about the security risk implicit in allowing a group of inmates the right to move freely around a prison. A few interviewees suggested that these reservations had not been entirely eradicated and that attitudes amongst the officers in the prison still varied.

*There are certain officers who you get the feeling that because we are helping other prisoners they disrespect us even more than an average prisoner...I think it's because they sort of think because you're doing something nice for a convict and they're supposed to be banged up in the middle of the night and being quiet and dealing with their own problems...they are in a way almost angry at us, and that's come across sometimes, whereas others are so thankful, you know, they couldn't do more apart from make you a cup of tea because they really do appreciate what it is we're trying to do, but some I do think there's probably that old-fashioned prison view. (Listener 4)*

*There's been a couple of instances with me in the past where they seem to think that you think because you're a Listener you can come and go as you please and you know, sometimes they might get the hump with that.... but like I say in general they are pretty good. (Listener 5)*

One Listener illustrated the difficulties and delays that could be caused by prison officers who may have less respect for the scheme.

*It was a weekend, someone called for a Listener at one o'clock or quarter to one, that was during their lunch break but they didn't tell me until about nearly 3 o'clock so I think it's because they were on their lunch and all that thinking they, either they'd do it after lunch but obviously things like that are not really acceptable. (Listener 3)*

However there were few such examples and overall, interviewees felt that most prison staff respected the contribution they made to prison life and appreciated that an effective Listening scheme could assist in the maintenance of a controlled and calm environment.

*They [prison officers] are very supportive, I've had no problems at all with like ....getting off to see callers or anything like that..... they appreciate the work that we do and they know it's important and it also makes their job easier. If you've got a prisoner with problems, it's not going to be a good prisoner for them, so if we can help*

out and Listeners support that prisoner, it's obviously nice and easier for them, I think they realise that. (Listener 6)

#### g) Listeners' relationship with Health Care

Listeners are regularly called to the Health Care Department and it was viewed by some as a particularly difficult and challenging environment. Two of the Listeners who participated in the research also worked as Health Care Representatives, although this is generally discouraged by the Samaritans because of potential burn-out.

*I work for the health team....so that's my other job. So I actually go to the inmates downstairs in the Health Care and they're quite challenging actually because they've got mental issues and they do tend to call out a lot of Listeners a lot of the time and they're on the psychotic drugs. And that is quite challenging being a Listener and listening to someone who for instance his radio is telling him to have sex with it and stuff like that. ....we're in there for twenty minutes listening to them and some of the things they do come out with, it can quite affect you. I mean I personally feel sorry for them, they shouldn't be in prison, they should be in a ...secure mental health unit, and the Health Care here .....it's not a very nice environment, I don't like it personally.....because it's dark and it's a feeling of isolation down there. (Listener 1)*

*I remember the first time I went to that Health Care unit and I was blown away,... because the first time I ever went there was as a Listener .....and there was people that were really crazy down there....Some of them have got their doors open and just got a gate there so obviously you can see in their cell it was, that day, I wanted to get out of there because there were really, really like mental people down there, shouting and talking to themselves and filthy cells and really, really bad issues,... and... that was a shocker, ..... but we've just got a job to do at the end of the day, this is what we volunteered to do and just get on with it....and that's it, you treat that like any other call. (Listener 3)*

One Listener spoke of the fear that some prisoners feel about Health Care, which is still seen as part of the prison regime even though it is now run by the NHS. Another felt that Health Care staff would be unlikely to discuss the kinds of problems, such as relationship difficulties, that inmates often brought to him.

*They're paranoid about them as well .....they might actually call us out to talk about the Health Care people, like they might "Oh, I think they're going to do this" or "I think they're going to do that" and you say "Well what makes you think that?" and stuff and give them that sort of support that way.... some of them are just like more NHS staff, aren't they, so they've got nothing to do with the prison, but they don't see it like that, they see it as 'us and them' type attitude. (Listener 6)*

But generally relationships between Listeners and health care professionals seemed to be good. Few tensions appear to be created by the privileged information Listeners sometimes hold because of their code of confidentiality.

*I mean they'll speak to you "how is he, is he okay?" but we don't break that confidentiality, never.... There are a couple of, well actually about three nurses and we get on really well and have a chat "is he okay?" "yes, he is" and "well he's asked for this, can we sort something out there?" and "yeah, we'll sort it out" and that. So no, there is, I don't think there is any tension, no. (Listener 1)*

*At times, when we are given permission by a caller to speak with somebody from Health Care, particularly in In-reach, the Mental Health Care, obviously we do, and the feeling that I've always got from two of the ladies that were there, ...is that they really do appreciate being tipped off that something might be wrong, and gives them the chance to deal with it. (Listener 4)*

Most of the time interviewees seem to find it easy to stay within the boundaries of their role and understand that they are not there to offer advice or to become involved in issues related to medication and treatment. But one Listener expressed unease about a prisoner who was reluctant to seek professional support preferring only to speak to Listeners.

*There's one particular caller ... he'll be talking about something, and then we will say 'Well why didn't you talk about this with [In-reach worker]?' He says 'I don't feel comfortable talking to her about it', and at those times that is a conflict of interest there, because we are sitting there feeling he should be telling them these things, its okay for them to tell us but that should be as well as, not instead of. (Listener 4)*

#### h) Listeners' relationship with the Samaritans

All the Listeners interviewed for the study spoke highly of the training they received from the Samaritans. They particularly appreciated the input of the branch volunteers, the intensity of the course and those elements that trained them to handle the more extreme situations

*I think everything about the training was good, it was correct, because it was done in the extreme....did the far end of the scale where people are suicidal, where people are maybe violent towards you ....that far end of the scale....which I think was the correct way of going about it. Because there's no point in showing you the lower end of the scale of somebody who is quiet and meek and mild. (Listener 2)*

*I mean the work the Samaritans do and the effort they put into the training, especially ....the Coordinator [BPSO], he's brilliant, I mean the motivation that he's got.....you can imagine what the training is going to be like, it's quite intense. (Listener 6)*

Listeners assist in the training of new applicants and their feedback is also taken into account when the Samaritans discuss the suitability of the different trainees. This involvement in the running of the scheme reflects the mutual trust between Samaritan and Listener and adds to the Listeners' self-esteem.

*On the training, we'll sit in and we'll see how people come through, ...and you get a gauge of somebody, if they can leave their own beliefs outside the door when they're talking to somebody, if they can't..... if they push their*

*religion onto somebody, they're not suitable because it's not about what you're about, it's about the caller.*

(Listener 2)

The Listeners interviewed also felt very well-supported by the Samaritans after their training. The weekly Saturday meeting provides a forum to discuss any problems and to off-load, but additionally, volunteers often accompany Listeners on their visits to those prisoners who are causing particular concern and are available for more one-to-one support when it is needed.

*You might go to a meeting one day and you say, "oh, I'm really concerned about this guy" whatever, and the other one'll turn around and say, "well I saw him last night and he was okay and he was talking about how he was going to try and get this and try and get that".....so you get a general picture of the people that you're seeing .....and it helps you offload and it gives you the support off of other Listeners ....if it's needed.* (Listener 5)

*Sometimes if someone's in a really bad state we note them down for concern and if we note them for concern that means we tell the Samaritans saying "I think you need to do a follow-up on this person because they're really in a bad way" and we would go with them or they would go on their own and go and speak to this person.* (Listener 3)

#### i) Challenges presented by the scheme

Although this Listening scheme appeared to be working well, the interviews with Listeners did raise a number of issues which can present challenges to its operation within the prison and nationally across the prison estate as a whole.

##### *Abuse*

The most commonly quoted examples of abuse of the scheme by inmates concerned the passing of drugs, tobacco and other items around the prison. Several Listeners referred to occasions when they had been asked for tobacco, although many of those interviewed did not smoke and were therefore able to by-pass the problem.

*Sometimes, yeah, with Seg especially because they know that you go into a room, they'll try and shout out the windows to pass tobacco through ...but we know, you know what's going on and you tell them "If you keep doing that, I won't come and see you."* (Listener 2)

Prisoners who call out a Listener are taken to one of the Listening suites found on all the houseblocks. Interviewees recognised that some inmates take advantage of this and use the scheme simply as an opportunity to get time out of their cell.

*You get some people that will just take the piss out the system...and any little way to get out of their cell they just call for a Listener so you've just got to learn just to distinguish into people that are genuine and not genuine.* (Listener 3)



However, another Listener cautioned that sometimes apparently trivial reasons for calling out a Listener could lead to the disclosure of more serious concerns.

*Even if that's the only reason they call us out, that it might be they just want a cigarette or Rizlas or whatever, but I find once they start talking, it's quite productive for them as well, so yeah, we're all in prison, we've all got some kind of problems and stuff, families, girlfriends, kids, whatever. So if you can get past that cigarette stage .....there will be something that's worth talking about and listening to. (Listener 6)*

#### Access

Listeners in this prison work in pairs with just one pair on duty each day. This is principally for their own safety, but it obviously reduces the number of calls to which they can respond. This did not seem to present any major problems as far as most Listeners were concerned.

*I suppose that could possibly be a problem, only because if we were with one caller for say two hours and you've got another three waiting... And if he's feeling suicidal or self-harming and it's forever he's kept waiting I suppose that could be a problem, yeah, that could be certainly a concern....they know we always apologise ...the majority of inmates are understanding, they're relieved to see you so they're not angry. (Listener 1)*

During the day they are free to move around the prison so waiting times will usually be dictated by the volume of calls and the speed with which the officers pass on the request. At night Listeners have to be unlocked from their cells and escorted. As there are only a limited number of officers on duty at this time and there is relatively high demand, this can lead to more extended waiting times. It can also mean that Listeners themselves may have to wait a considerable time to be escorted back to their cells at the end of a call. During this time, they are obviously unavailable to any other callers.

*If you get caught at certain times of the day and the caller might have finished the call and then you can't get off the houseblock ....I mean that might be about two hours.... ... you kind of sit there for two hours.....they will take the caller out because we'd be on his houseblock, so he can go back but they can't get an escort to take us back so then we have to sort of hang about and stuff, they've done that probably once or twice since I've been doing it. (Listener 6)*

#### Confidentiality

The Listeners see confidentiality as essential in order to maintain the trust between themselves and the inmates, and interviewees expressed confidence in their ability to adhere to this principle. They are trained to seek permission before passing on information to the prison authorities if a prisoner discloses an intention to harm himself. This does not seem to create many problems as in most situations it appears that prisoners tend to agree. Moreover confidentiality operates on a group rather than an individual basis. Thus, although a Listener will respect an inmate's confidentiality in relation to the prison authorities, if he feels that someone is a risk to himself or others, he will share that information with the other Listeners and the Samaritan volunteers.

*It's confidentiality between the Listener scheme not individual so for instance if I saw someone today and ....I've got concerns over him ...if one of the Listeners was on duty tomorrow I would say "you might get a call out from*

*so and so, this is his problem”, so I’ll give him a briefing of what was going, so he already know...the situation and Saturdays with the Listener and the Samaritans we’ll all talk, it’s confidentiality between the group not between individuals so we discuss everything but in a situation within the group. (Listener 3)*

### *Dependency*

The risk of an inmate becoming too dependent on any one Listener is reduced by the rota system and the fact that prisoners are not allowed to specify a particular individual when they call for a Listener. However, the problem still occasionally arises and is usually discussed with the Samaritan volunteers at the Saturday sessions.

*We have like a rota system so, which is a good thing really because it stops any particular caller getting too close to any particular Listener if you know what I mean, and depending on them too much. ....I think it puts too much on that one person as well..... I had a guy make me roses out of a paper, bless him, for Valentine’s Day you know, he was only a youngster, he meant well but.....(Listener 5)*

### *Diversity*

An estimated 23-25% of the prisoners in this prison are foreign nationals. Within the ranks of the Listeners at the time of the research study there was a reasonable ethnic mix which meant that several languages were spoken by members of the scheme. One of the Listeners interviewed worked specifically with Asian callers. On other occasions foreign nationals may be called upon to interpret, although amongst those interviewed, few had needed to resort to this and it is obviously not ideal from the point of view of confidentiality.

*Well the first language not being English has occurred, and it was fairly troublesome. Thankfully the problem was down to administration and things like that...they weren’t emotional matters...However, ....if it was a death in the family or some other reason, I don’t know how we would deal with it.... We could probably, during the day time, get another prisoner involved... during the night time I think it would have to be refer it back to Safer Custody and say ‘You’ll have to send some other Listeners or another Listener’, ....The only other way would be via the Samaritans phone I think, try and stay there with them but offer them a Samaritans phone in the hope that somewhere out there on the other end of the phone we could find somebody. (Listener 4)*

### *Stigma*

Several interviewees understood that prisoners might be reluctant to seek their support for fear of being seen by fellow inmates as weak. Unlike other peer supporters in the prison who wear orange t-shirts, Listeners’ t-shirts are bright yellow. This makes them very visible, but can also be off-putting to some prisoners who would prefer their contact to be more discreet. Many of the call-outs occur overnight when prisoners are locked up, but interviewees reflected on the various ways that inmates approach them to avoid making themselves vulnerable to comment.

*If it’s over bang-up here, nobody sees us and that’s when you mostly get your calls..... Sometimes I’ve experienced people down in the Library when I’m not on duty and they’ll come up and say..... “Can I call you later?” but it’ll be done discreetly. (Listener 2)*

*I might not be wearing the shirt but I'm known for being a Listener, they'll come up anyway and just sort of chat, and then you sort of say 'Do you want to go up to the Listener's room?' 'No, I don't want to do that, I'll see you later', ... and you know that they want to talk, but they just won't. There's no way they're going to come up to that room and advertise the fact. (Listener 4)*

*If someone says they don't want me to have my yellow top on especially when there's people around, so if it's association time, I'll go down and see them, especially some of the younger fellas, so it's a lot of bravado and stuff. And it might be looked at as a bit of a sissy sort of thing, you know, like I'll put my orange top on I'll go down and have a chat with them like that....but I'm a Listener in disguise, sort of thing. (Listener 6)*

#### *Vulnerable prisoners*

As in other prisons, prejudice against vulnerable prisoners who are generally perceived to be synonymous with sex offenders, is widespread in the prison. Listeners acknowledged this prejudice in themselves although they are trained to put it to one side.

*Any other time I wouldn't have a conversation with these people and I wouldn't associate with these people but because I'm here to do the Listening scheme I'm not going to deny them their right so I go there and speak to them and treat them just like everyone else. (Listener 3)*

Vulnerable prisoners are separately accommodated on a spur on Houseblock 2. It is a local policy that VP Listeners should be available to VP prisoners which means that other Listeners should only have to answer calls from VPs in exceptional circumstances or when they are in Segregation or Health Care. But to work effectively, this system requires a sufficient number of VP Listeners. At the time this research was being conducted, the number of VP Listeners on the VP spur had recently been reduced from three to two and this issue was the subject of a lively discussion at the monthly Safer Custody meeting where a Violence Reduction Representative from the VP spur complained about the lack of new VP Listeners being trained. The VP Listener interviewed for the research was concerned that a shortage of VP Listeners could effectively deny VPs access to the Listening scheme.

*Well there is two now because one left ...yesterday.... by the time the next round of training comes along I may well have gone, but .....because you have to work in pairs, that would stop the Listener scheme being able to operate ....for VP callers..... of course that would then go back to having the Listeners from other parts of the prison having to come onto the VP Unit. I have no idea how comfortable they would be with that, but what I do know is that many of the VP callers will not be quite so inclined to call. (Listener 4)*

Furthermore, a recent incident during the regular Saturday meeting between Samaritans and Listeners was preventing VP Listeners from attending these sessions thereby depriving them of the group support provided to other Listeners. This was causing a considerable amount of ill-feeling amongst the VP Listeners and may have impacted upon the number of VPs applying to the scheme.

*There was one morning where another prisoner on this houseblock was out here cleaning or whatever and was looking into the room, and presumably recognised me ... and was making all sorts of threats and things through*

*the glass, so Safer Custody decided at that time it may be better for us not to come to the next meeting....so we're now excluded from those meetings and also not available for helping the training..... That has been a big issue for us, we .....still see that we are trying to do a job for the Samaritans and for the prisoners, and the prison is treating us poorly by not acknowledging us, even to the extent that they can't even be bothered to come and explain to us why we can't be part of the rest of the group. (Listener 4)*

*Because we're missing out on the meetings, we didn't actually know as existing Listeners the training was about to take place, so we hadn't been asking people whether they wanted to apply until it was too late. (Listener 4)*

The availability of VP Listeners to VPs in the Segregation Unit and Health Care was also seen as a contentious issue.

*If a prisoner in Seg or Health Care knows that there is such a thing as a VP Listener and are very insistent about seeing a VP Listener, and are willing to sit it out for a long time until we eventually get called, because it's almost like a war of attrition, nearly every time we go we find out that they called three hours ago and were told we were busy and we weren't doing nothing, nothing. So it's almost every excuse is made to not have to take us all the way from our houseblock to Seg or Health Care. (Listener 4)*

### **Interviews with prisoners**

Interviews were conducted with prisoners across all houseblocks, in Health Care and in the Segregation Unit. A total of 14 prisoners participated including seven who had used the Listening Scheme and seven who had not. The analysis adopts the following structure. Firstly it will consider how the data from the prisoner interviews and the subsequent interviews with other prison and health care professionals fit into the themes generated from the Listener interviews and secondly any independent themes will be presented.

Themes from the Listener interviews

#### a) Motivation for becoming a Listener

The prisoners interviewed generally thought that Listeners were motivated primarily by a desire to help their fellow inmates. But they also recognised that there were other advantages to becoming a Listener which might play a part in a prisoner's decision to apply for the scheme. It was reported that being a Listener represents a positive mark on an individual's prison record and will usually protect him from being moved to another prison for a period of at least six months. Prisoners particularly understood the need to pass the time and to escape the confines of their cells whilst serving their sentences. One interviewee, who was also a former Listener, freely admitted his motives in the past.

*You get certain privileges but nothing's guaranteed. Some do it for the hold but that's not guaranteed. If they want to move you to another prison, they'll move you to another prison. It's not really that, I think it's cos they want to help people basically....They're so many courses you can do here, it helps but it's not guaranteed to get*

*you parole because it's not in anyone's sentence plan to become a Listener. They do it because they want to do it on their own free will, they want to do it because they want to help people. (Prisoner 1 HB 3)*

*Well I personally think many of them do it because they like to think they can help....Some of them might do it for different reasons. It's not for me to criticise. Some of them do it because it opens doors a little bit for you... and it gets you out some evenings. You're not always in your cell. I had a Listener here and we were talking for a couple of hours because the officer couldn't get back and so that's a couple of hours away from your cell. But I'm not saying that's why they do it. In my opinion the main Listener on this wing does it for the right reasons. (Prisoner 2 HB2)*

*Back then, it give me a ticket to get round the jail, it give me a free pass to do what I wanted on the side..... If I wanted to go to that wing to get something I know I could go and talk to my mates and say, right call me up later, I'll come over and pick that up. And I think that happened a lot. (Prisoner 5 HB6)*

#### b) Use of the Listening scheme

The prisoners interviewed could only comment on what they had observed and as many call-outs occur at night, they could not provide an accurate estimate of the extent of the scheme's usage. However, a few confirmed the view that many contacts are informal and therefore unrecorded.

*I know one of them.. I get on well with one of them...I've done more talking off the record with him than I have as a Listener but he's helped me every time.....Just go into his cell, shut the door and have a chat... and it's worked well..... I've mainly caught him when he's off duty (Prisoner 3 HB2)*

#### c) Reasons for call-outs

Prisoners echoed many of the Listeners' views on why inmates might want to use the Listening scheme. Being away from family and friends, unfamiliarity with the prison regime and hours spent locked up in a small cell with too much time to think all contributed to a build-up of tension and anxiety which was often most easily relieved by talking to someone.

*Being away from the family, being away from the kids and the wife really. You've just got too much thinking time as well. That's what gets to you. It's mainly at night times when they shut the door. Cos all you've got to do is sitting there and thinking really. (Prisoner 11 HB1)*

*There are times when you just sit in your cell and you just think and think and think and you need to speak to someone and there ain't no-one to speak to. So the part they [Listeners] play is a very important part cos you feel as if well I can talk to them. ....So I think they are someone you can talk to, you can relax. Also it gets you out of your cell into an environment where you can sit down on a chair and talk so.. I think that helps too. (Prisoner 2 HB2)*

Prisoners were also very aware that self harm was a major issue in prisons and that the Listening scheme had been established primarily to reduce the likelihood of such incidents. Many of those interviewed felt that Listeners saved lives, but one inmate also cautioned that not all those intending to self harm would seek help and of the two prisoners interviewed in Health Care who had recently attempted to commit suicide, only one had talked to Listeners.

*I've tried to hang meself twice and I've cut me wrists ...without them I'd be dead I think. (Prisoner 8 Health Care)*

*They've had enough and they feel like ending their lives and all that sort of, them sort of things that's when they want to talk to a Listener. But some people if they want to do themselves in, they just do it, they wouldn't bother to call a Listener. (Prisoner 9 HB5)*

*I know that there are the inmates, the Listeners, but I think I'd gone beyond wanting to have a chat. (Prisoner 7 Health Care)*

#### d) Importance of peer support

The prisoners interviewed generally viewed Listeners as their preferred source of support because not only did they have the time to offer support at any time of the day or night, as fellow inmates they also possessed a level of understanding unachievable by others in the prison. Unlike prison staff, Listeners do not represent authority. Prisoners thought they were less ready to judge and were more likely to respect confidentiality.

*'Cos Listeners are prisoners as well and sometimes I'm upset, keep swearing and say whatever I want. I'm free. They're not going to snitch on me or tell someone else what I told them. They keep it with them. I just empty my heart you know and say whatever I want. (Prisoner 4 HB3)*

*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. (Prisoner 5 HB6)*

#### e) Impact of being a Listener

Many of the prisoners appeared to understand that Listening could impact upon the Listener's own well-being in both a positive and negative way. One of the prisoners interviewed had noticed a difference in his friends since they became Listeners.

*My friends have just become Listeners this week, they've just finished the course last week and they say it's good fun, well not fun. But it makes them think about themselves as well, the way they talk to their wives, sometimes as blokes they don't listen but now they can listen which I thought was quite funny.... cos when*

*they're on the phone, now they're listening to her instead of not listening basically, so it is working. (Prisoner 1 HB3)*

But mindful of the potential difficulties of their role, another prisoner, who had made a serious attempt to take his own life, had decided not to speak to Listeners about his suicidal thoughts because he felt that it would place an unbearable burden upon another inmate.

*To put an inmate in that position, to harbour all those thoughts to go away knowing I might do what I've done before and I know that I'm close to doing it.....I think that is asking someone in a very confined space to have to deal with something very big and I don't think that's fair and that's my personal feeling.... to go back to your cell knowing you've talked to someone who says they're going to kill themselves I think that's a huge responsibility for someone and I wouldn't like to put it there, I wouldn't. (Prisoner 7 Health Care)*

In contrast to those Listeners who felt that Listening helped put their own problems into perspective, another prisoner had chosen not to become a Listener because he felt that Listening would only serve to magnify his own problems. He referred to one of the current Listeners on the VP spur who was apparently declining to answer calls because he was facing particular difficulties himself.

*When I first came in I tried to be a Listener but I found that when I spoke to other people..... I absorbed their problems... and therefore when I was asked I declined to take the course....because I felt that I'm very fragile anyway. When I spoke to people....their problems enlarged my own. I think to be a Listener you need to be very sure of your own place in the prison which I'm not. One of the current Listeners I believe is in a similar position because he's due to be sentenced this week and he doesn't want to come out and I understand that because he's got his own problems and doesn't want to listen to anybody else's. (Prisoner 2 HB2)*

#### f) Attitude of prison officers to the Listening scheme

Not all prisoners felt able to comment on the attitude of prison officers to the Listeners' role in the prison and those who did were somewhat divided in their views. Whilst some thought staff appreciated that Listeners could help take the pressure off their own workload, other officers were described as unsympathetic to the purpose of the scheme.

*It helps them out cos where they're running around after other people, then there's someone to take that place and look after that person, then that's sorted so they can get on to the next thing. (Prisoner 6 HB6)*

*I think some are very suspicious of them....they're in-bred the officers. They're all mostly from the army and ex army and stuff. They don't believe in anything like that. (Prisoner 8 Health Care)*

#### g) Listeners' relationship with Health Care

This was not discussed in the prisoner interviews

#### h) Listeners' relationship with the Samaritans

This was not discussed in the prisoner interviews

#### i) Challenges presented by the scheme

##### *Abuse*

Prisoners admitted that some of their fellow inmates abused the scheme in order to get tobacco or time out of their cell. One suggested that prison officers, aware of the number of time-wasters, exaggerated the waiting time in order to test whether a prisoner's need was genuine. A former Listener thought that much of the abuse had been reduced in recent years.

*Sometimes the officers are saying like you have to wait an hour but they come in 15, 20 minutes. They just want to make sure that you're not wasting their time or something.....Some people are going just for fun, just to get out from their cells. But some people they really need it that's why they want to make sure. They say an hour and if I say yes I can wait, they know I really need them. (P4)*

*I used to get called out for silly things, have you got tobacco, rizlas, they used to do all that sort of things to us but I think nowadays if I'm correct, they don't let Listeners carry tobacco and all that. They've cut down on that part of it because there used to be a helluva lot of that. (P5)*

##### *Access*

Prisoners who wish to speak to the Listeners press the bell in their cell. Officers responding to the bell will relay the request via the prison control room. Access is therefore dependent upon the speed with which prison staff respond and the availability of the Listeners on duty. At busy times or when Listeners may be engaged on a long call-out, prisoners accept that they may have to wait, but a few interviewees felt that officers who had a less favourable view of the Listening scheme did not always respond as quickly as they might.

*The officers some of them are not happy. They coming back and say the Listeners don't want to see you but when I ask the Listeners they say no-one came to them. To be honest, this is happening all the time when I was on Houseblock 2. It was very hard for me to get to Listeners. ....he don't even go back to call them, he just say, no it's a long queue and he going and not coming back. (Prisoner 4 HB3)*

*Yeah, dragging their feet definitely so. We're in control, we'll do it when we want to do it not when you want it. You can get one or two who'll get a Listener straight away, you'll get another officer who'll take 5 hours purposely. (Prisoner 5 HB6)*

*Sometimes it can be an hour, sometimes it can take 20 minutes, sometimes it can take five hours.....I think it's the officers,...they find it very hard to do anything.....maybe they're busy, I don't know. (Prisoner 8 Health Care)*

Prisoners are taken out of their cells and escorted to special Listening suites during a call-out and this is where most of the prisoner interviews were conducted. The rooms provide a greater degree of confidentiality,



particularly for those who share a cell, but most prisoners also appreciated the opportunity to talk in a different environment. At the time the research was being conducted there did, however, seem to be an issue with the upkeep of these suites. This was discussed at the Safer Custody meeting and commented upon by one of the prisoners interviewed.

*You've got a room like this where you can talk. The door's shut and he talks for as long as you like or whatever....if you want to get something off your mind and they're shut away from everyone so no-one knows what you're on about. ....cos I didn't even realise at first that they come in here. I thought they come to your cell and then I hear they bring them up here.....cos you've got someone else in there as well, there's two in a cell and you may say things you don't want him to hear. (Prisoner 3 HB)*

*It [Listening suite] was a bit dirty today. Lots of things is not clean, the chairs are not cleaned properly. (Prisoner 4 HB3)*

One prisoner, who had the benefit of a single cell, explained why he chose not to use the Listening suite on his wing.

*For me personally, in my cell I've got photos of my wife, I feel comfortable in that cell..... I've never come in this room before to see a Listener and I wouldn't be able to open up as much as I would be able to in my cell cos I'd be more comfortable in my own environment, I could make a cup of tea, do you want a roll-up, you know and it's more relaxed, straight away that breaks a lot of barriers. (Prisoner 5 HB6)*

#### *Confidentiality*

Most of the prisoners interviewed seemed to have a clear understanding of the Samaritan code of confidentiality and felt confident that Listeners would respect this even if it meant that they had to carry the burden of potentially worrying information. However, one prisoner had concerns about the younger Listeners.

*It's like you can tell them anything and if you don't want them to, they won't say nothing to the officers, not without your wish sort of thing like if you said to them like I feel like cutting myself ...and they say do you want us to tell the officers, you can say no....go by the rules so they wouldn't be able to tell the officers but then it will be in their minds and then they'll be worrying and all them sort of things. (Prisoner 9 HB5)*

*I've heard younger Listeners out in the yard, "oh I was out last night with this bloke, blah, blah", talking about it, they shouldn't be doing that. They taking people's trust and all that that they've put into that person and feeding it to other cons. (Prisoner 5 HB6)*

#### *Diversity*

One of the prisoners interviewed had been asked to interpret during Listener call-outs, but unfortunately not always to very good effect, whilst another felt that a fear of being misunderstood might deter some foreign nationals from calling a Listener.

*I was translator lots of time for Listeners. There was Afghani guy on Houseblock 4 and I was on Houseblock 2 and that guy was very stressed and he was cutting himself and the officer advised him if he want to see a Listener to help him out. Then he said he went to the Listeners he couldn't speak no English so they said he need a translator. They arranged for me to go there and translate for him... I went there, they said, no word is going out from this room.... The officer said like I'm just translating for them, but in the middle of translating they kicked me out because I was laughing. (Prisoner 4 HB3)*

*That fear will always be there and creates a barrier so if he's not going to be guaranteed he gets someone who will understand, it's really a futile attempt to seek that Listener really....some of them can't explain themselves as well cos there's a cultural, a language barrier. (Prisoner 12 HB1)*

### *Stigma*

Many of the prisoners agreed with the Listeners interviewed that the fear of being seen as weak and unable to cope with prison life could inhibit inmates from seeking support from the Listening scheme.

*Well I suppose a lot of them think – and I would have thought I'd be like that – they sort of think it's unmanly. I know that my cellmate doesn't think much of me talking to them [Listeners]. (Prisoner 2 HB2)*

*It's not one of things you go around telling people, oh I've been speaking to a Listener, I've had to have a Listener out and all this.....people just think you're weak if you need to speak to a Listener. It don't go down too well. I had one out, I spoke to one last week and I got back to my cell and everyone banging up at the window, "Where you been? Where you been? Are you ill? Have you been speaking to the Listener?" and all this. It's another thing people take the mick out of really.....I've told Listeners to go away before. I think I was in the middle of a pool game, in the middle of association and they come over and shouted down for me to go up and speak to them and everyone's going, "what, you're going to go and speak to the Listeners?" And I was like, "no" (laughs) cos it was just the situation at the time. (Prisoner 11 HB1)*

### *Vulnerable prisoners*

A VP inmate interviewed for the research seemed to endorse the belief that VPs would be unhappy talking to Listeners from the main part of the prison.

*I've heard, I don't know, that when some people are down in Seg and they've called for a Listener from the mains, their main concern has been what the person has done and who's on the VP wing... and that sort of thing so I think basically I would never speak to an outside Listener. I want to speak to someone who I felt was basically in the same boat as me and therefore I felt understood me you know. (Prisoner 2 HB2)*

## Original themes from the prisoner interviews

### Willingness to seek help and choices of support

Interviews were conducted with prisoners who had used the Listening scheme and those who had not, but all were asked about their perceptions of prisoners' willingness to seek help from Listeners and a range of other sources including prison officers, health care professionals, chaplains and other inmates. Those interviewees who had not used the Listening scheme tended to have access to other forms of support, for example, a sympathetic cell-mate or regular visits from a family member, or had simply not experienced a need to ask for support. A variety of reasons were offered regarding any more general reluctance to seek help, from the desire or ability to sort out one's own problems, to issues of trust and cultural diversity and the fear of being seen as weak mentioned above. Whilst one prisoner thought that his age meant he was better able to manage his own problems, another thought that with maturity came a greater appreciation of the support others could offer.

*I suppose age has got a lot to do with it. If you're middle aged or older, you tend to be able to sort your own problems out. (Prisoner 10 HB5)*

*Previously I wouldn't have gone to no-one. Years ago I used to self harm. That was my way of coping. I wouldn't have called a nurse or nothing like that. But years later obviously when that stopped and I'm talking personally now, I went and done a lot of therapy on myself and I learnt to talk to other people for support and just getting it off my chest really. (Prisoner 5 HB6)*

There was a particular reluctance to seek help from those who represented authority in the prison. Although prisoners sometimes acknowledged that some prison officers are more approachable than others, there was a widespread belief that they lack the time to listen or will fail to respect the confidentiality of such contacts. Personal officers were rarely mentioned and did not seem to play a significant role. Being seen to be too ready to talk to officers could also be misinterpreted by other inmates.

*You got to remember they're busy and they haven't always got time. You might have a problem that you take to them, they might just seem to overlook it, well they've got so much going inside their heads, they can't be there for you 24/7. (Prisoner 6 HB6)*

*I don't really speak to officers unless I have to. I feel that everything I talk to them about they're going to put down in their file and everything anyway so they can look back on it and I just think things will go against me sometimes. Maybe it's just paranoia but.... (Prisoner 11 HB1)*

*Even my own personal officer, it took me ages to know who he was .....I hardly ever sees him. (Prisoner 12 HB1)*

*If you start getting too friendly with the officers, people'll start talking and they might start saying, oh he's a grass, a snitch and all that sort of stuff, so you can't really talk to the officers and that. (Prisoner 9 HB5)*

This reluctance appeared to extend to Health Care in several cases. There were the usual concerns about the length of time it took to get an appointment to see a health care professional in contrast to the 24 hour availability of the Listening scheme. Two inmates referred to the belief that staff commonly viewed prisoners' requests for help as spurious and not based on genuine need whilst another feared the consequences of consulting anyone in Health Care.

*Some of the nurses I've found to be very considerate, thoughtful. I can't say they don't care but ....they're in an environment where lots of people are if you like trying to pull the wool over their eyes and they have to decide who's genuine and who's not so I can't criticise them too much. (Prisoner 2 HB2)*

*I just don't like them [Health Care]. I think they abuse their job roles. That's my verdict. I've been doing this for years. You go and they think we're all the same, we're all after something. But a lot of us aren't after nothing. (Prisoner 5 HB6)*

*Not really....too much into detail and then they start talking to the officers. It's like if I said I feel suicidal, we better open an ACCT on him sort of thing and then I'd have to move out my single cell into a double cell so I prefer to say nothing. (Prisoner 9 HB5)*

However, one of the prisoners who had attempted to take his own life and was suffering from severe depression, felt strongly that the prison psychiatrist was the only person qualified to fully understand his situation.

*I knew that there were different things. I knew I could speak to officers who don't really understand I don't think. I know that there are the inmates, the Listeners, but I think I'd gone beyond wanting to have a chat. ....the only one that understands about this depression, the darkness, is the psychiatrist..... qualified to understand it more than the staff nurses and the Health Care people here. ....I see him once a week. I see him on a Monday and I look forward to it. (Prisoner 7 Health Care)*

Some of those prisoners who had not used the Listening scheme spoke about the importance of cell mates, other inmates, and family visits and phone-calls. For those who were able to access such support more easily, there was perhaps understandably less need to call a Listener.

*Sometimes you can have a good cellmate and sometimes you haven't. Well I've got quite a good cellmate, we get on quite well....we don't always talk about what you're in here for but sometimes it comes in conversation and we sort things out, the best way of doing things. (Prisoner 3 HB2)*

*Well, I've got my visits, three visits every week, so I get to talk to my other half so whatever I've got in my head, I just speak to her. (Prisoner 14 HB4)*

But there were, it seems, disadvantages to relying too much on other inmates. One interviewee felt that a greater degree of detachment was preferable when confiding in someone and another cautioned that cellmates and friends can often turn against you.

*And this is what I'm saying about a mate you've got to know since your time being in custody so you could try and confide in him but it's not always easy cos you're with that person every day. Obviously you will try and tend to look at someone you don't really see all that often. (Prisoner 6 HB6)*

*Cos if they fall out with their cellmate or another prisoner, the other prisoner could just go around spreading what they've been saying to everyone and it can just cause more conflict.....you can never rely on a cell mate or someone like that to keep it [confidentiality]. (Prisoner 11 HB1)*

The prison chaplaincy is another possible source of support, but chaplains like other prison officials have many duties and are not always easy to contact.

*I think that's what people generally do if they can't see anybody their other option is of course the church, the chaplain. But then again, the chaplains are very busy, they can't get round to seeing everybody and so you take a bit of pot luck whereas with the Listeners they're spread throughout the prison so you've got more chance of being listened to straight away. (Prisoner 10 HB5)*

In addition to the visits made by the Samaritan volunteers to those prisoners requiring additional support, prisoners are offered the opportunity of talking to a Samaritan on the phone when a Listener is not readily available. There were varying opinions amongst the prisoners interviewed about the relative value of talking to Listeners and Samaritans. Some interviewees preferred the degree of distance and perceived additional privacy provided by speaking to a Samaritan whilst others preferred the face to face contact with another prisoner.

*On the phone. I used Samaritans a couple of times but Listeners I think is better cos I talk to them face to face and someone listening to you and on the phone you know it's a bit, I can't see them. (Prisoner 4 HB3)*

*I've never been in touch with the Samaritans in my life, I've never had cause to be. I've never had this self harm outside. Now two perfect strangers walked in here and talked to me and strange as it sounds here I am bearing my insides to them .....I had four come on Sunday at different times, .....they come from outside and they can take away and discuss amongst themselves... in an unconfined position. If they want to ring someone and say I need to talk to someone, I saw this guy, fine. How does a Listener do that at night? I don't know that he can and I just think it's a huge burden. (Prisoner 7 Health Care)*

#### Prisoners' experiences of talking to Listeners

Most of the prisoners interviewed who had used the Listening scheme spoke very positively of their experiences of talking to Listeners. They felt that being given the opportunity to vent their frustration and work through their anxieties and fears had a calming and uplifting effect making it much less likely that they would become violent towards themselves or others.

*Sometimes me personally when I feel stressed and I want the Listeners and there are no Listeners, I will not behave and I will fight with officers and everyone on the wing. I do silly things. But when I see Listeners they talk to me, they telling me some good things about future, about having nice life They help me and then I feel okay and I go back to my cell I spend some more time very nice, they are very helpful.....they calm me down that's what I mean. (Prisoner 4 HB3)*

*I know from my own personal point of view if I hadn't released some of the things I had - and I've still got them - and I know one or two people on here who talk to the Listeners quite a lot and I don't know what they'd do without them. They'd sit in their cell and burst. (Prisoner 2 HB2)*

*I call them out nearly every night.....I like to talk to them about me wife who died, about me kids outside, about me brother who died and I like to talk to them about me family and the worries and fears and doubts and troubles I've got and just get it all off my chest...when I don't talk to them, I'm feeling meself building up, building up and I feel suicidal and I try to hang meself and stuff like that. (Prisoner 8 Health Care)*

*I don't think there's once I haven't spoke to them and I ain't gone back to my cell feeling better and not worrying. Cos in the past I've had a history of self harm as well and I overdosed about 3 months ago and I ended up in hospital as well and speaking to the Listeners now I'm not doing anything stupid like that anymore. Stops me from going that far.... it does help. (Prisoner 11 HB1)*

However, one prisoner was more critical and had found contact with the Listeners a more variable experience. He was concerned that the younger Listeners in particular lacked the skills to support him.

*I was very, very angry when I was brought in ...and cos I knew about the scheme anyway, I called for a Listener. The first one ....just wanted to talk about his stuff and all the rest of it and then about two weeks later I done it again and two Listeners come over who were older, above the 30 mark, who I found a lot more listening and doing the job more correctly than the younger person did probably a couple of weeks before. And I got a lot more out of it..... the youngsters haven't got the life skills and don't know how to listen without butting in, they don't know what questions to ask to open gates up, there are certain things you can say which will make that other person speak and open up without saying too much and drowning out that other person, that's the whole person of the job. It's a skill and for youngsters a very hard skill to learn. (Prisoner 5 HB6)*

### **Interviews with prison staff and health care professionals**

In addition to the interviews conducted with the Samaritan Branch Prison Support Officer, the Safer Custody Officer and a prison officer in Health Care, interviews were carried out with the following health care professionals: the prison psychiatrist, two Mental Health In-reach support workers, two nurses and the manager of the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) team.

Themes from the Listener interviews

### a) Motivation for becoming a Listener

In accord with the Listeners and prisoners interviewed, these interviewees acknowledged that although the current Listeners were principally motivated by the desire to help their fellow inmates, there were a variety of other reasons why prisoners might wish to volunteer in this way. It was also pointed out that the potential advantages of becoming a Listener should be weighed against the mandatory drug-testing and more frequent searches that their trusted position requires. Interviewees tended to take a pragmatic view and in most cases motivation was not seen to constitute a significant problem.

*I've seen Listeners in tears bless them when they've got a thank you letter, and ...they seem to have this attitude that "I could sit and listen to 100 people, Miss, but if I help one that's all that matters". (In-reach Support Worker 1)*

*I suppose it looks good on them, sort of going for parole or re-categorisation, it's going to mean they've spent some of their own time doing something for someone else. (Prison Officer, Health Care)*

*They tend to be more likely to get a single cell because they could be called out any time of the night and it's not really fair on their cell mate .....and just in general they can get out a bit more, they can get around the prison, they don't have to stay in their cell all the time ....So it's a job quite a few want to do and I think as well, if I'm not mistaken, when they're doing the training, they're put on hold here as well ....a lot of them quite like getting Listeners training because they're here 'til the end of it so they can continue the relationships and friendships. (Nurse 1)*

*Obviously the parole board will want to know what the prisoner has been doing and .....it will look good for him if he has been contributing in a positive manner. I think a lot of them are aware of that as well, but who are we to judge you know, if they're doing their job I would like to think that they're doing it because you know, they're helping others. (In-reach support worker 2)*

There are now a wide range of peer supporters in prisons, for example for foreign nationals, for people with disabilities, for lesbian and gay prisoners and for special needs prisoners. Unlike these, Listeners are entirely voluntary and unpaid. However, the Samaritan BPSO acknowledged the numerous reasons why a prisoner might volunteer to become a Listener, although as long as they were honest about this and were also motivated by the right reasons, he felt it was perfectly acceptable.

*If they have come for the right reasons as well if you see what I mean, but they also want a six month hold, I don't have a moral problem with that, because we're actually asking them to do something quite amazing which is to go out at 11 o'clock at night and listen to other people's problems, which no Samaritans do.....Perhaps the biggest benefit is ....the staff do view them differently, there is a sort of slight respect ..... the fact they can move round the prison means they can access certain departments, so if you have a problem about housing ...or whatever, because you've got a Listener's pass you can get physically to that houseblock where the key person is, which if you don't you can't, ...so there are some perks at an unofficial level but not at an official level. (BPSO)*

The prison psychiatrist echoed a theme present in many of the Listener interviews about the value of being engaged in some form of meaningful activity while serving a custodial sentence.

*I think one of the problems about being in prison is not doing anything useful with your time. I think that's very kind of, demoralising and disheartening for some people. I think it's kind of emotionally, psychologically deadening really, being in prison. I think therefore it's doing a useful job, having a role and, also you know making you thoughtful and psychologically minded and not kind of withdrawing into your shell ....it just kind of keeps you alive and thinking and you're keeping your empathy intact.*

#### b) Use of the scheme

The discrepancy between logged call-outs and actual Listener contacts has been discussed previously. When asked to give their own perceptions of the extent to which prisoners use the scheme, staff commented not only on the number and time of day, but also the potential length of calls.

*I think there was one time a prisoner had Listeners for 24 hours straight....24 hours and obviously it wasn't the same Listeners, it was sort of they took it in turns. (Prison Officer, Health Care)*

*Just from doing a few nights in the prison I know that there must be a lot using them because you hear quite consistently for the first few hours of the night, Listeners required on whatever houseblock. (Nurse 1)*

*I think they're called down here [Health Care] probably at least once a day...it's mainly in the evening as well....we find when it's time for them to go behind their doors, the prisoners, especially down here that's when they call for a Listener, isolation, all by themselves. (Prison Officer, Health Care)*

#### c) Reasons for call-outs

Health care professionals emphasised the impact of prison life upon inmates who often feel disempowered by their situation. It was felt that the resulting anxiety and stress could lead to a need to talk about more than just the practical implications of custody.

*I think it's a good tool for them to be able to discuss just a bit more than the superficial. So they might say "oh I've got mates" but they tend to just talk to their mates about quite trivial things whereas this allows them that room to talk about what they really are feeling and maybe if they've got concerns for whatever reason. (Nurse 1)*

Although a high percentage of Listener call-outs were seen within the context of "normal" reactions to the stresses of prison life, health care professionals also referred to the pre-existing substance abuse and mental health problems experienced by a large section of the prison population.



*There's a lot of depression obviously and there is a lot of other mental cases such as schizophrenia and things like that tend to be more common I think in prison...and there's quite a lot of drug induced psychosis because they use the drugs to cover the voices and now they're not allowed illicit drugs. (Nurse1)*

An Assessment, Care in Custody and Teamwork (ACCT) document is opened on all those considered to be at risk of committing suicide. These documents detail a care plan for the prisoner and remain open until the risk is considered to be under control. In common with Listeners and prisoners these interviewees acknowledged that the problem is widespread in prison, but they were more likely to distinguish between the different types of self harm.

*Most of it here tends to be more superficial self harm, so a lot of scratches and ...not deep cuts and it's a real difference between self harm and suicide. .... we've got a duty of care in the prison and sometimes there's a little confusion that overlaps where if I'm working with someone who self harms, they're not trying to kill themselves, but the prison service obviously stipulates that I need to open [an ACCT] document on that person 'cause they are actively self harming. (In-reach support worker 1)*

*I think there's the three or four categories of self-harm ...there's... the ones that do it to try and beat the system in a way,....the reactive ones .....a lot of seemingly sensible, calm, not depressed lads will get a letter from their partner saying they're leaving them or get some bad news from home ....and they're kind of a bit quick to get help after that because ....they don't want to bleed out ... then there's ones that do it as a form of release ...because they have like lost control because they're in prison and ...they tend to do it as a form of "this is something I can control" and those are the ones that we tend to miss more because they self-harm and don't bring it to the attention of the staff..... they do it in areas which aren't visible, like the tops of their arms and their legs. And then there's the ones that are doing it generally because they're depressed and they, ah, and it might not be related to prison at all and it's just they're self-harmers on the outside and self-harm in prison as well. (Nurse 1)*

#### d) Importance of peer support

Interviewees recognized the significance of peer support and why prisoners might choose to speak to someone in the same situation as themselves rather than someone in authority – be it a prison officer or health care professional.

*I think it's a huge benefit for them, it gives them an opportunity to speak to someone .....in the same position in the prison as them, and someone who ...doesn't judge them. It's very easy for clients to assume that because you're a prison officer or you work for the prison that they may be judged.....and to be actually able to speak to a peer, I think it's hugely beneficial. (CARATs Manager)*

*I'd say that at times the Listeners, they are helpful because ....talking to somebody who is a prisoner ..they open up, rather than to us like at times they just think that, oh, she's a nurse so I don't think she's going to do anything for me because she's not in prison, she doesn't know how I am feeling at the moment. (Nurse 2)*

*I think that they sometimes perceive staff as being judgmental .....I think there's a perception that ....sometimes staff can come across as "no wonder you're suicidal, your life is a mess and it's your fault".....And I'm not saying that's a reality I'm saying that's how some prisoners feel they are dealt with by staff .... sometimes they feel the Listeners provide a more personal service and sometimes the staff are not so engaged. (Psychiatrist)*

One of the nurses commented that peer support occurred naturally within prison. He saw the Listening scheme as a way of formalising this and giving it a structure.

*There are slightly older or more experienced prisoners who've been in for a few years or a few times who younger prisoners will go to seek the same kind of advice, that they might from a Listener but in a more informal setting.....So I think there is that informal thing as well but I think without the formal structure of the Listeners... I don't know if it would work. I don't think it can be based wholly on the informal. (Nurse 1)*

But whilst acknowledging the value of such support, he also thought that inmates did differentiate between staff who worked for the NHS and those who worked for the prison service.

*I think there's a big difference between Health Care and the officers. The officers as a whole are seen as 'the system' and the enemy..... I think they are more willing to talk to the nurses because we're seen as kind of outsiders still, we're NHS but employed in the prison so ...they don't see us as part of the punishment. (Nurse 1)*

Moreover, although one of the In-reach support workers acknowledged that the bond between prisoners could make them feel more comfortable with each other, she also highlighted the minority of prisoners who choose not to seek the formal support of their peers.

*We actually get a bit of a mixed view from different prisoners. Some regard it as really great to have, others won't touch them with a barge pole.....because they say "oh they're just prisoners miss....they just can't be trusted .....they're just dossers....they just want to get out of their cell miss, yeah they're not going to listen to my problem, they're just going to pretend to listen to my problem." That's the type of thing we sometimes get from some but just a very small minority. (In-reach support worker 2)*

#### e) Impact of being a Listener

The Samaritans do have a policy of allowing Listeners to take time off if it is felt they need a period of respite, for example, if they have a case coming to trial or are having personal problems. However, they are only permitted to refuse a call in extreme circumstances when on rota. In addition to their official duty, Listeners often seem to offer informal support as highlighted earlier. The Mental Health In-reach workers were concerned that Listeners had little opportunity to take breaks and had to absorb other prisoners' problems on top of their own personal difficulties.

*There's also a danger of burnout.....I do think they don't get time out because as soon as you're on there as a Listener people will "Oh mate can I just have a quick word", and as I say most of them won't say no. (In-reach support worker 1)*

*Remember the Listeners are prisoners, they've lost their liberty, they're away from their families, their children....if something happens in the daytime and they're down to be a Listener that evening or that afternoon, they might hear something very disturbing and if they're already traumatised by an incident from outside that they're sort of kept to them self and tried to cope with.....I think the sort of stuff that these prisoners have to listen to, on a daily basis, some of it is quite horrendous and on top of their own personal problem. (In-reach support worker 2)*

Despite the potential emotional burden of being a Listener, another interviewee had also witnessed the positive influence of Listening upon those who participated in the scheme. The Samaritan BPSO went further and suggested that all prisoners could benefit from Listener training.

*I do think it has a big knock-on effect to self esteem and I really do think it helps them feel better about themselves, quite often these guys have never had someone say to them "Oh look you're doing a good job", and to see the difference they can make in people's lives, huge. (In-reach support worker 1)*

*In an ideal world I think every prisoner would benefit from Listener training. I've joked with the Number One Governor if he'd like to pay my salary I'll take a sabbatical and train all your 1,100 prisoners in listening skills and stopping and thinking skills and all those sorts of things. (BPSO)*

#### f) Attitude of prison officers to the Listening scheme

Both the members of the prison staff who were interviewed - the Safer Custody Officer and a prison officer in Health Care - had had previous experience of working on the houseblocks. These interviews indicated that the suspicions Listeners had aroused in the early years of the scheme had largely been dispelled and that most officers now recognise the benefits listening can bring in a pressurised environment. This change was reflected in the Safer Custody Officer's own experience of working in prisons.

*I just thought it's just [Listeners] going round ....getting out their cells, having some time out...Yeah. And then obviously gradually I've learnt more.....I mean I've been in the job .... 14 years, but working in Safer Custody I really, really understand it now .....I think the majority of staff all use Listeners because they realise that staff don't always have the time to sit and talk to a particular prisoner ..... I think officers now realise ...what value they are.*

The prison officer in Health Care clearly appreciated the role Listeners can play in preventing self harm and in relieving the staff workload.

*When I was on a houseblock... I'd rather call for a Listener even if I was busy if a Listener was going to prevent someone from doing something, going to bring harm to themselves than not call them in and have to deal with the aftermath .... it helps us out doesn't it really?*

Amongst the health care professionals interviewed there were slightly differing views about the attitude of prison officers towards the Listening scheme. One interviewee felt that Listeners were highly respected by staff whilst another thought some officers found it a chore to respond to calls from prisoners who they believed simply wanted an opportunity to get out of their cell. There was a suggestion that health care professionals had a greater understanding and appreciation of the scheme's value to the prison.

*I think in relation to our mental health team, we are all very aware of the role the Listeners play, but I think sometimes the houseblock officers do not take it seriously enough.....how vital a role they play in protecting people's life. Unfortunately sometimes some Listeners let the whole group down by messing about with whatever mobile phones, drugs and they give them a bad name and its literally taken as "oh they can't be trusted" but the majority can be trusted. (In-reach support worker 2)*

Nevertheless, the Samaritan BPSO felt that to unlock two prisoners at night in order for them to listen to another prisoner must illustrate a high level of trust in the scheme amongst the officers on duty.

*Staff have to be happy unlocking them at 11 o'clock at night you know, I think....there might be a dozen officers on duty here and to unlock two Listeners is very unusual when the whole prison is locked down.....uniformed staff, they're often the most supportive of the Listeners because the Listeners are ...at night ....part of their quite limited armoury of dealing with a prisoner who is in urgent distress.*

#### g) Listeners' relationship with health care professionals

Health care professionals recognized the role of Listeners in improving the emotional health of prisoners. From the perspective of those interviewed, the relationship between their department and the Listeners seemed to work well. A few of the Listeners are also Health Care representatives and thus able to participate in some health care meetings. Additionally, staff receive referrals from Listeners and are approached by Listeners on an informal basis if they are concerned about an individual whose problems require professional expertise.

*We have Health Care representatives who are employed by us.....we've got six of those and three of them are also Listeners. So in that sense we get a perspective from these three Listeners because we meet with them every fortnight and they do contribute to Health Care but that's only because they're Health Care reps, .....quite a lot of the Listeners, because they're familiar faces, they've got their shirts, they see us around, they are willing to come and speak to us about issues as well.....The type of people who become Listeners tend to be the type that are willing to talk to staff so if they've got anything they'll come and have a chat with the nurse so yeah, you do tend to build up some rapport with some. (Nurse 1)*

*Three months ago they brought someone to our attention and within 72 hours he was in Health Care and he has since been transferred to a .... mental hospital because of his depression, because it had become so bad*

*but it was the Listeners that had seen it progressively get worse, so in that respect they are dealing with ....people that do have clinical diagnosed illnesses as well. (In-reach support worker 1)*

*If a Listener had been called down during the night time, and there was a concern about a prisoner and it was felt the mental health team could support them then we would have an electronic referral or a telephone referral from the person who received that information back from the Listener (In-reach support worker 2)*

Health care professionals also seemed very happy to refer prisoners to the Listening scheme as part of a range of coping strategies. They acknowledged that Listeners could relieve the pressure on their own workload and reduce the number of inappropriate demands upon their time.

*If it's obviously very, very serious we can spend as long as we need with a patient but quite often there's only so long we can sit and listen to a patient's complaints, if we're busy and it's not a matter of urgency .....sometimes you have to say "I think a Listener is better", so it does help with that. (Nurse 1)*

*I think they deal with a lot of my caseload....if I know that there's someone who is quite down and quite low and I am only seeing them once a week I will say to them "Look, in between speak to the Listeners, if you're still struggling then ask to speak to me", and that way .....it's then shared. (In-reach support worker 1)*

*They are a support to us, because we do get a lot of inappropriate referrals.... somebody says "I'm not right in my head, I need to see a mental health nurse." In fact, they just want to talk about social problems, their girlfriend or their wife, their partner is having an affair while they're in prison and they just want to sound off .....they don't have to have a mental health worker. (In-reach support worker 2)*

Only the prison psychiatrist commented on the occasional expression of professional territorialism.

*You sometimes hear slight bickering occasionally about it being pretty pointless, a waste of time ....because they're prisoners ....they're not properly trained. I don't agree with that, I think they are someone to talk to.....it's only a slight background of bickering ....it's not a huge issue.*

#### h) Listeners' relationship with the Samaritans

The prison psychiatrist in particular praised the work of the Samaritans and welcomed the fact that the Listening scheme was managed by them rather than being part of the prison hierarchy.

*I'm a big fan of Samaritans because I think they're very well trained, very professional and the confidentiality aspect, so the fact that they kind of manage it themselves, is great.....It's not setting any grand demands it does not have any targets or something stupid like that, and that's fine.*

Further discussion about the Samaritans' management of the Listening scheme led to the expression of particular concerns about mental health training and supervision. These are dealt with under original themes from the staff interviews.

## i) Challenges presented by the scheme

### *Abuse*

In common with the prisoners and Listeners, staff and Samaritan interviewees acknowledged that the Listening scheme is vulnerable to abuse by both prisoners and Listeners themselves. However, they did not see it as a significant problem in this particular prison. The most commonly quoted abuses concerned the transit of drugs and tobacco around the prison and time-wasting in order to escape the confines of a prison cell for a brief period. One member of the Health Care team raised the suggestion that Listeners might be manipulated by prisoners in order to help them move to a single cell in Health Care.

*Some prisoners are not able to negotiate their own sort of coping strategies and they can become too dependent on the Listeners .....people suffering from personality disorders, I find that sometimes they can make totally, totally unnecessary demands on Listeners. Sometimes they try and get a Listener so that they can get out of their cell, so that they can get tobacco from the Listener and get a little bit more attention (In-reach worker 2)*

*The Listener will come and there is like times when they say, oh, this inmate, he doesn't want to stay in the houseblock, they want to be in the Health Care because in the Health Care there are a few people ....who just want to be in their own cell, some of them they don't want to share.... they know how they can manipulate ...things ....so that the officers and the nurses might think that, yes, he's not suitable for the houseblock, he needs to be in Health Care. (Nurse 2)*

In order to reduce some of these risks, the prison had introduced a policy of searching Listeners before and after a call. A small number of Listeners are dismissed every year for abusing the scheme or being in breach of prison regulations.

*We did start a policy ...that ...all the Listeners and the prisoners would get searched as they come out their cells, and I think that's cutting down a lot of it, but obviously there's places we can't search and things come out of the cells with them....and, to be blatantly obvious, ...if they're going to do it, it's going to happen, you need to have your trust in your Listeners, good searching policy when prisoners come out their cells, and use security intelligence. (Safer Custody Officer)*

*Every year we might have to sack half a dozen Listeners ....it is quite a regular problem, the biggest problem is drug use, the Listeners through drug tests are found to be using drugs...that automatically rules them out, they're then sacked, they lose their hold, they might get moved on to another prison, it is less common that they are found in possession of drugs or phones but it does happen perhaps as I say, four or six a year. (BPSO)*

### *Access*

The reduced access to Listeners created by the policy of working in pairs was justified in terms of security and an improved service to prisoners. While waiting, prisoners are offered the opportunity to speak to a Samaritan on the phone and in emergencies, off-duty Listeners can be called out.

*We believe it's a security issue and it provides a better service.... service users benefit from the sort of double act approach as it were. (BPSO)*

*Prisoners are aware that ....if a prisoner's being seen, you just have to wait, and staff are very good at assessing whether that prisoner can wait.....and like we say there's the Samaritans' phone, and if, I mean for instance ...the other day we had one on a houseblock who wanted Listeners there and then, and ....one of them wasn't available, one of them was doing something else, so I just phoned another two and they were very good, "Yep, not a problem, we'll come up and do it right now." (Safer Custody Officer)*

Health Care staff reported the difficulties sometimes experienced during the busy hours in the evening and an occasional confusion over prisoners being refused access to Listeners

*The only problems ever seem to happen when you're working nights here. The Listeners ...tend to be in quite high demand between about nine to midnight and a bit later and because of the staffing levels the officers with keys, there's only five or six and they are a team so they walk around the prison together. (Nurse 1)*

*Prisoners have been sort of refused Listeners before, but not through the appropriate channels, it's like it's not come from Safer Custody, who it's supposed to come from, it's from other officers, so you go 'Oh I've got a Listener for prisoner Smith', 'Oh no he's not allowed them'...and then you speak to a Listener like later on in the day or someone from Safer Custody or Samaritans and they say "No, he's allowed to be seen". (Prison Officer, Health Care)*

An In-reach worker agreed with some of the prisoners that unsupportive prison officers could undermine the service provided by the scheme and sometimes make it more difficult for prisoners to access the Listeners.

*They can stop prisoners having a Listener, saying "no you don't need a Listener, you had one today already for two hours, there's no way you need one again this afternoon" which may well be appropriate, but sometimes you often wonder, was it appropriate at that particular time? (In-reach worker 2)*

### *Confidentiality*

From the Samaritan volunteers' perspective, the principle of confidentiality extended even to the handing in of weapons that might be used for purposes of self-harm or harm to others. The success of this arrangement rests on the good working relationship between the Samaritans and the prison.

*We've established ages ago a local operational agreement whereby if a Listener gives in a weapon the prison will not say, "goodness, where's that weapon come from, fill in six forms in triplicate", and then the Listener will get into trouble as we have heard happens in some prisons. They will say, "fine, you prevented some violence occurring, either on staff or prisoners, let's just get rid of the weapon". It's back to that sort of understanding of where we're coming from. The prison understand confidentiality but there are ways of establishing good working relationships which still protect that. (BPSO)*

However, the interviews with some health care professionals indicated a rather more limited interpretation of confidentiality from that offered by Samaritans, Listeners and prisoners. One of the interviewees appeared to think that Listeners already did share confidential information; others questioned the principle in cases of suicide risk and expressed concern about the emotional burden this placed upon the Listener.

*Some of them will tell Listeners something that they're not going to tell us, like sorts of self harm, ...committing suicide and...a Listener will ...pass it onto us so it makes us more aware of that person.....if they're at risk of harming themselves or someone else and they have a duty of care to tell us like a priest isn't it I suppose.*  
(Prison Officer, Health Care)

*Talking to the Listeners they do get put in positions where someone is saying, ..."I want to kill myself", and they're not allowed to tell someone that? That's where I think ...they should have a professional boundary where they say "Okay, you don't want me to tell anyone, now obviously I'll work through it with you", but if they walk out of that room and they've still got concerns that someone's going to do that they should be able to break it [confidentiality].* (In-reach support worker 1)

*I felt very confused .....when a Listener told me that when they see somebody, because of confidentiality, if they say that "I'm going to go back into my cell at lunchtime and kill myself", the Listener will say he's not allowed to report if the prisoner said to them "don't tell any of the staff". The Listener said that he's ..... supposed to you know, abide by confidentiality. No I do not feel that is right at all because if that prisoner was a Listener, he's obviously got his own issues, and if that prisoner does kill himself, the Listener would have to live with that on his mind for the rest of his life. He could have prevented a death..... No, I don't feel that is fair to put that on anybody, especially not a prisoner.* (In-reach worker 2)

These reservations contrasted with the opinions expressed by the prison psychiatrist who felt the principle of confidentiality gave the Listeners very clear guidance when confronted with prisoners who may be at risk. He felt confident that if a prisoner needed professional help, Listeners would encourage him to request it.

*It's a difficult thing to say, but I 100% support the confidentiality aspect of it.....because I think that is actually better for the Listeners.....the other option is, you say it is confidential, except if you're worried about somebody, except if you think there's a risk. So what do you do then? You're constantly thinking, do I have to keep this confidential or is that going to have to be something I have to reveal to someone? .....It's impossible then. No I think, have a clear boundary that everybody sticks to ... the only way you can say it might be detrimental is if they confided to a Listener, instead of confiding to someone else who might have made an effective intervention..... and obviously the Listener is going to say "look, I'm worried about you we need to do something about this, we need to talk to people don't we, we need to get some help for you."* (Psychiatrist)

### *Dependency*

The development of potentially dependent relationships between Listener and caller was largely prevented by the rota system and was not regarded as a major problem by any of the interviewees. The Samaritan BPSO was however alert to the risk and suggested that dependency could work both ways.



*We have to tell them [Listener] to back off, sometimes they're using that as a distraction technique away from their own personal problem and mental health issues or something, they're sort of you know, using someone else as a sort of escape route for their own problems, no we are aware of that and we have to tell them to back off and that's where again we meet regularly on Saturday mornings to make sure there is no dependency occurring so that for the benefit of the Listener or the service user, the relationship's not too cosy, too interdependent..... There's a natural solution to this problem which is the churn, but it is an issue and we're aware of that, but again if you have a good atmosphere in the Listeners team it becomes self-regulating, they regulate each other and they say, "no, you don't go and see him, I'll go and see him". (BPSO)*

### *Stigma*

Prison and Health Care staff were conscious that many prisoners did not want to be seen as weak and might therefore find it difficult to ask for support from the Listening scheme. The bright yellow t-shirts worn by Listeners were generally viewed positively, making them easily recognisable to all prisoners, but a few interviewees accepted that there might be a downside to this high level of visibility which could discourage some prisoners from being seen to talk to them. The Samaritans recognised this possibility and therefore sometimes left the decision to wear a t-shirt to the individual Listener's discretion.

*Because they're in this bright yellow shirt if an officer sees them coming they know what they're there to do, they know they're not just malingering. The disadvantage would be... it's a big enough step I think for... a vulnerable guy to ask for a Listener and then if it was during the day to be seen being ushered off with two guys and you know what those guys are there for and so people will start to talk and... I think it can be seen, especially amongst the younger lads as a sign of weakness. .... amongst the guys in the prison there's a bit of a stigma about asking for help in any way. (Nurse 1)*

*Sometimes they will not wear their bright yellow t-shirts, they'll go and do a follow-up on a houseblock and they will choose not to wear their yellow t-shirts because the bloke who's playing pool with his mates will die of embarrassment if the Listener in his t-shirt arrives, and we trust their judgement on that, and often if the Samaritans go on to houseblock to talk to somebody we will actually send the Listener ahead ....to sort of get the bloke to come and talk to us, we're very aware of the peer pressure of not being seen to be soft. (BPSO)*

### *Vulnerable Prisoners*

The question of whether prisoners sentenced for sex offences should be allowed to become Listeners is a vexed one. The Samaritans do not discriminate against any prisoner on the basis of his offence, but they are aware of the potential dangers of someone who may apply to the Listening scheme for ulterior motives.

*There is a real tension there that we are aware that.... Listener training can enhance someone's grooming skills in a sense. I think the starting point is an awareness of that, and then ongoing support and regular monitoring.....we only proceed with great care in terms of assessing sex offenders, in terms of training them, and we will listen very carefully to the staff advice, ..... about a couple of years ago ...we had a prisoner who actually was not on a VP spur but was actually a sex offender, had chosen to go ...on the main spurs and lie about his crime... because we hadn't realised he was a sex offender we actually didn't subject him to the levels*

*of monitoring and support that we would if you like the named sex offenders, so in fact he was only using the scheme to develop his grooming skills .... he was sacked. (BPSO)*

The Samaritan BPSO was concerned that the recent incident involving a VP Listener referred to in a Listener interview was restricting their ability to support all Listeners as one team.

*We've got to a stage whereby for security reasons the VP Listeners are not being supported alongside the main Listeners in the Saturday meeting....and they're very unhappy with that, that was a security assessment that the [prison] staff made about six months ago, and that is not best practice, there should be one integrated Listener team. (BPSO)*

One of the nurses also referred to another incident in which a Listener from the main prison was sacked for his inappropriate response during a call-out to a VP.

*It was because of the vulnerable prisoners he [Listener] got called to see one and because he couldn't deal with ah, the guy was telling him about his crime and I think he said something inappropriate so the prisoner obviously complained and he lost his job. (Nurse 1)*

## **Original themes from the staff interviews**

### Mental health training

There is an agreed lack of basic mental health training for Listeners within the current national programme and this is now under review. The Mental Health In-reach support workers felt this would be of great benefit to the Listeners – one team member had already provided some training for the Health Care Representatives, two of whom are Listeners, and another had offered to contribute to the Listener training courses. At the time the research was being conducted, the Samaritans had yet to take up this offer although a discussion at the Safer Custody Meeting observed by the researcher implied that it may soon be implemented.

*In-reach have on several occasions ....offered to provide an hours mental health training within their training before they become kind of accredited Listeners. Here we are and it's still not happened.....even the basics, this is what schizophrenia is, this is what bipolar is, this is what depression is ... I mean just to give them that knowledge so .....they might think, ....that might be worth just picking up with the houseblock nurse, or feeding back to [Safer Custody officer], ... and I think a lot of them would benefit from that, they do essentially support work on a much more intensive level than I do. (In-reach support worker 1)*

*I have just undertaken a training session for the Listeners combined with the Health Care orderlies which are also prisoners that help support the prisoners..... we've covered mental health, we've done hand outs on personality disorders, schizophrenia, depression, bipolar, self harm and we've taught them that, you know, that file is available with the houseblock nurse, should at any time they feel they need some more information, they can actually take it and copy it. (In-reach worker 2)*

*Many of the prisoners they see need serious and ongoing professional mental health support, and I fully accept that Listeners need more training in that....and in the review that's happening nationally, the Listener training, more mental health training is being built in, but [prison]'s In-Reach have offered us more training and we need to take them up on that. (BPSO)*

The prison psychiatrist also supported the possibility of basic mental health training for Listeners provided it did not lead to the medicalisation of their role.

*Yeah, I could see a potential benefit for it. I think there're pros and cons. I think there would be a potential benefit because they could pick up things that might need further intervention and support that people will not otherwise be aware of..... but I wouldn't want them to kind of get dragged down the road of being a mental health practitioner.....Medicalising I don't want that at all. I think you just need to be very careful about them feeling that they have to go down the medical route rather than just doing their job.*

### Supervision

The In-reach support workers were acutely aware of the potentially distressing and difficult work Listeners do in the prison. They expressed some concern about the support available to them drawing comparisons with the kind of supervision they received within their team.

*I genuinely do not know how they do it, they don't have supervision in terms of everyone in In-reach has access to clinical supervision, protected time with your supervisor. I work in a team where there's six, yeah, there's six qualified psychiatric nurses, so if I've had a particularly difficult time with a client or they've divulged a lot of distressing information I can go back to the office and talk to any of my colleagues and actually let off... offload and get some advice and guidance. The Listeners, they don't, I don't think they get that ... I don't know whether that's the Samaritans or the prison service not providing what I think they need which is that option to... talk. (In-reach support worker 1).*

*I think yes, I think if they needed somebody to speak to I think it would be very important for them to speak to somebody like us. We provide different therapies you know, support from a different side than the Samaritans... we provide a different network of support. (In-reach support worker 2)*

One interviewee thought that a regular commitment to the Listeners as a group would not always be possible when they have other priorities. She suggested that the prison Care Team might also be an appropriate source of support. The other had actually provided one-to-one supervision to one of the Listeners in the past.

*The Care Team consists of a group of staff that are on duty at any time. It could be one or two members of staff, 24 hours a day that come from different professions. They provide support to members of staff for an incident that could be quite traumatizing. Maybe somebody could be available like that also for Listeners (In-reach worker 2)*

*I don't know if you imagine that you've listened to someone talk about some really horrific things, either from their childhood or their experiences, do you think the best format is a group? If someone is really upset about that or what that person's heard has brought up things in themselves, ... I think they should be offered access to a Samaritan, a point of contact if you really are struggling you can speak to me on a one-to-one basis ... there was a Listener probably about two years ago and I was providing the clinical supervision and I would sit with him and he would have a protected half an hour slot every week just because he was one of the older guys and a lot of the young guys would go to him and talk to him about things and it would be a protected time for him to say "Look, I'm not sure where to go, what to advise", and for him to just accept I suppose relaying his fears. (In-reach support worker 1).*

These comments indicate a belief that the In-reach team could offer an alternative form of support, but also perhaps a lack of knowledge of the full extent of the support already provided to the Listeners from both the Samaritans and their peer Listening group.

*I would imagine that my colleagues would also agree that we have very limited knowledge of the role the Samaritans play within the prison..... in the prison system it's a vital role, you know to save lives and guide people through their hardships, but I think we need to know a little bit more about their role (In-reach worker 2)*

### **Benefits to the prison**

All research participants were asked what they felt were the benefits of the Listening scheme to the prison as a whole. Several interviewees commented on the advantages of allowing prisoners an opportunity to vent their frustrations and talk through their concerns in a safe and supported situation. In addition to reducing the number of potential suicides and incidents of self harm, this also helped to create a quieter atmosphere in the prison and prevented the escalation of minor problems into potentially serious disorder.

*I think the prison benefits because it will be a calmer atmosphere, if people are being given availability to talk to somebody about their problems, then they're a lot calmer about them. (Listener 2)*

*They couldn't replace the Listeners scheme ... I think the prison population would be more volatile, I think they would end up with a lot more pseudo suicide attempts that could become suicides. I think they could ... quite likely end up with more people seriously self harming, I think there'd be more aggression in the wings, I... I think the prison service would really struggle without the Listener's scheme. (In-reach support worker 1)*

The availability of peer support on a 24 hour basis also relieves the burden on prison officers and health care professionals who seldom have the time to spend with individual prisoners experiencing distress. The scheme was seen as particularly valuable at night when so few staff are on duty.

*If it's very short staffed on a houseblock and then an officer sees someone they will, and I've done it before, at the moment I'm really busy and I've got "Would you like me to arrange for the Listeners to be called"? "Yes". So in that respect they are, also often that bit of additional support to staff. (In-reach support worker 1)*

*I'm really happy that there is such a scheme in every prison.....in the daytime it may not be that necessary... because there are so many nurses and other staff around to support the prisoners, but I think, like out of hours, it's a vital role. (In-reach worker 2)*

Staff in Health Care had witnessed the benefits to individual prisoners, some of whom it was pointed out, would have been cared for by large mental health institutions in the past.

*If they say they want to speak to a Listener... later on, you see that inmate, he will be smiling so you ....say definitely the issue has been resolved. (Nurse 2)*

*You do a night shift down here [Health Care] and like go round and some of them are like really upset 'Oh can I have a Listener'? and they go and speak with a Listener and then they come back and I'm like 'You alright now'? 'Yeah, I feel a lot better now that I've spoken to someone'. (Prison Officer, Health Care)*

*....with the large institutions being shut down, in learning disabilities and mental health. These types of patient were provided before and supported in that network which doesn't exist anymore .....The majority are quite vulnerable, and unfortunately they do end up in the prison and Listeners can provide that little bit of extra support to guide them through. (In-reach worker 2)*

### **Suggestions for improvements**

All interviewees were also asked for their opinions on how the scheme could be improved in this prison. The majority thought it worked well and struggled to highlight areas in need of improvement. It was generally viewed as well supported by the prison regime and was praised for the quality of the Listeners, the training they received and their engagement with the prison community. The commitment and motivation of the Samaritan volunteers, in particular the BPSO, was widely commended.

*I think [BPSO].....and the Samaritans, I'm not sure what other prisons would be like, they might be like we are here, but I think it's just the teams we've got here, they've been brilliant, brilliant. (Listener 6)*

*You actually see them walking around here whereas in [other prison] I wasn't really seeing them. You see them....whereas in [other prison] I wasn't really seeing that engagement as much I've seen here. (Prisoner 6 HB6)*

*The scheme's better here.....because to me it seems like they're better trained here, they're more willing to keep things to themselves here. (Prisoner 11 HB1)*

However, the following suggestions were made:

- re-integration of the VP Listeners into the main listening group for Saturday support sessions
- the option for prisoners to specify the type of Listener, for example a Muslim or a younger/older Listener if required

- some basic mental health training for all Listeners
- speedier escorts back to their cells for Listeners when a call has ended
- a more equal distribution of Listeners across all the houseblocks
- hand washes for all Listeners
- the provision of one-to-one supervision for Listeners
- the ability to “book” Listeners
- an age restriction so that only more mature prisoners could apply to become Listeners
- pamphlets detailing the way the scheme works which could be pushed under each cell door
- Listener training for interested prison officers
- in order to reduce the potential burden on individual Listeners, prisoners should be discouraged from being both Listeners and Health Care representatives
- a better understanding of the Samaritans’ role amongst health care professionals

## Chapter Five: Discussion

The following discussion draws on past research evidence to highlight common themes in the practice of Listening and other prison peer support programmes, and to draw out any strengths and weaknesses specific to the scheme in this particular prison.

### Operation of the scheme

A small number of reviews and evaluations have been carried out over the years since the Listening scheme was first introduced. These have highlighted problems regarding the recording of Listener contacts. HMIP for England and Wales (1999) recommended the involvement of other professionals and prisoners with experience of self harm in Listener training (MacDonald, and Sexton, 2002) and drew attention to the inconsistencies in selection, training and support across the prison estate (The Samaritans, 2004). All these issues were raised again in the current study.

Monitoring Listener contacts in the prison seemed problematic. There was a significant discrepancy between the call-outs officially logged by the prison (71 in April) and the total number of contacts recorded by the Listeners who also included follow-ups and informal contacts (an average of over 100 per week in May-June). At the Safer Custody meeting the Safer Custody Officer noted that not all call-outs were being logged and that follow-ups should be signed off with the Safer Custody office.

A healthy number of prisoners had applied to train as Listeners on the course taking place during the period of research. Whilst selection was a shared process between the prison and the Samaritans, the training was run solely by the Samaritans. It was well organised and received by the trainees, but it clearly made significant demands upon the resources of the local Samaritan branch. Whilst it was not within the remit of this research to make comparisons with Listening schemes in other prisons, the interview with the BPSO confirmed that this level of commitment would not be available to all prisons. MacDonald and Sexton earlier found that although the Samaritans were pivotal in establishing the Listening schemes in the West Midlands, they were not sufficiently resourced to offer the level of training they would like to provide.

The question of involving other professionals in the training was being debated in the prison. Mental Health In-reach staff felt strongly that Listeners would benefit from some basic training in mental health and had been offering to provide this for some time. The Samaritans recognised the desirability of such training, but at the time this research was being conducted had not yet taken up the offer. One of the prisoners, who had recently attempted to take his own life, also believed that Listeners could learn from his experience. A national review of Listener training to be conducted by the Samaritans will look at the need for a mental health component. This all accords with a study of help-seeking intentions amongst prisoners in HMP Leeds which recommended enhanced training to improve the help Listeners can offer to prisoners with mental health problems (Mitchell and Latchford, 2010). Interestingly, in some female prisons in Canada, the peer support programme is actually co-ordinated by the prison psychology department. In reviews conducted of the programme in the regional facilities of Kingston Prison for Women, it was felt that this deprived trainees of input from outside speakers and overburdened the prison psychologist. (Syed and Blanchette, 2000; 2002)

A member of the Mental Health In-reach team expressed concern that the only ongoing support for the Listeners was in weekly group sessions. She felt that more one-to-one supervision should be provided. However, none of the Listeners echoed this concern and additional support was provided less formally when Samaritan volunteers accompanied them on follow-up visits in the prison. But it should be emphasised that this level of involvement from the Samaritans was not part of the general operating policy across the prison estate and again depended upon resources and the individual enthusiasm of the volunteers.

Previous research and anecdotal evidence has demonstrated that institutional support is crucial to the success of a Listening scheme (Syed and Blanchette, 2002; Chinelo, 2010). Both the BPSO and the Safer Custody Officer consider their close working relationship to be fundamental to the success of this particular Listening scheme. This has been built up over many years and extends to the various Number One Governors who have been in place since its introduction and the prison as whole. The researcher who was escorted around the prison by Samaritan volunteers saw this in action. But even the best working relationships can sometimes fall short and the report presented to the Safer Custody meeting by the Samaritan representative highlighted three recent occasions when the prison had failed to notify them of attempted suicides or “near misses”.

When initially introduced, some prison staff were wary of a scheme which relies on confidentiality and allows certain prisoners the freedom to move around the prison. Snow found that two-thirds of staff in a review conducted in 1995 at a Category C training prison thought Listeners abused their status and that a significant number did not adhere to the principle of confidentiality. (Snow, 2002). A small study examining a peer support programme in one Canadian penal institution found that correctional officers expressed relatively low satisfaction with the service and questioned its usefulness. (Hall and Gabor, 2004). In an article for the Prison Education Trust, one Listener wrote about prison officers “playing games” when they did not support the scheme (Chinelo, 2010). He would sometimes have to spend all night with a client because there was no officer available to escort him back to his cell. There was some evidence that not all staff in this prison fully supported the scheme and that this did occasionally impact upon its operation, usually in the speed with which access to Listeners was provided. This was mainly based on the perceptions of Listeners and prisoners. Only two prison staff were interviewed: the Safer Custody Officer and an officer in Health Care.

### The Listeners' experience

Listeners in the prison seem genuinely motivated by a desire to help others and this was endorsed by prisoners and health care professionals. However, they also accepted that being occupied helped to pass the time more quickly. They were less ready to admit that being a Listener, although unpaid, had other advantages. Listeners were usually given single cells so as not to disturb cell-mates if called out at night, were invariably placed on hold for six months and during the day they were free to move around the prison. It was unclear the extent to which being a Listener might impact on things like parole, although it can be assumed that it will be recorded favourably on an inmate's record. It could be argued that many volunteers in all works of life will be motivated by a number of factors – not all of them altruistic. Provided this does not cross over into actual misuse (which is discussed separately), this does not seem to be a problem.

One of the most striking findings from previous empirical studies on peer support in prison is the extent to which it enhances the personal development of those who provide it. Increased self-esteem and self confidence,



personal growth, greater empathy, improved communication skills and the respect of prison staff are frequently mentioned. (Richman 2004; Hall and Gabor 2004, Dhaliwal and Harrower 2009; Davies 1994). These findings were reflected in the evidence gathered during the research. Listeners tended to feel better about themselves and commented on the favourable feedback they received from family members whilst prisoners and health care professionals noted the positive impact the role had upon those involved.

Alongside the practical and personal benefits of being a Listener, there are also clearly costs. Most of the Listeners in this scheme seemed to be coping well with the emotional burden of Listening to distressed and mentally ill prisoners – sometimes for prolonged periods. But there were suggestions that this could become a problem, particularly in areas such as the VP spur where there were fewer Listeners and a heavy demand on their services. At the time the research was being conducted, it appeared that one of the VP Listeners was in fact declining to answer calls because he was facing his own problems. It was unclear if this was known to the Samaritans whose general policy did not permit a Listener to refuse a caller except in extreme circumstances. It was noted that two of the Listeners interviewed were also Health Care Representatives. This was potentially quite burdensome for the individuals concerned, one of whom admitted that he found it challenging at times.

The Samaritans and the prison were alert to the risks of burn-out and drew on a number of strategies to reduce them in addition to the support offered in the weekly off-loading session. Listeners worked on a rota system which meant they were only on duty twice a month. They worked in pairs, principally for their own security, but this presumably also allows a degree of mutual support during a call-out. Prisoners were not allowed to specify a Listener which limits opportunities for them to become too dependent on any one individual. Ultimately, if a Listener was seen to be struggling with the emotional responsibility of the position he would be offered time out. It is interesting to note that the evaluation of the Peer Support Programme at Kingston Women's Prison concluded that measures to prevent burn-out, for example limiting the number of hours peer counsellors were available and allowing them to refuse calls, may have meant that the service did not always meet the needs of the inmates.

### The prisoners' experience

The largest study of the Listening scheme to date analysed over 2,000 caller contact forms from 11 Scottish prisons (Power, 2003). The most frequent reasons for Listener contact were: emotional difficulties, relationship difficulties, uncertainty about the future, coping with imprisonment and drug misuse. Listeners and prisoners in this prison described similar reasons and particularly emphasised the tension and anxiety that could build up when a prisoner was cut off from his usual sources of support and disempowered by the day to day realities of prison life. Health care professionals also drew attention to the large section of the prison population with pre-existing mental health and substance abuse problems.

A study which looked at help-seeking intentions amongst prisoners in HMP Leeds demonstrated the importance of both formal and informal sources of support (Mitchell and Latchford 2010). The ten most frequently mentioned sources of help were: nurses or Health Care nursing staff, prison officers, Listeners, cellmates or other prisoners, family, keeping it to yourself, doctors (GP or psychiatrist), psychologists or counsellors, drug workers and Chaplain or other religious leader. The reasons for their choice were reported as expected

response, trust and perceived skill. Participants pointed out that Listeners and cell mates are available 24 hours a day whereas access to Health Care involves from filling and long waits. Similar comments emerged from this prison where one of the reasons for choosing Listeners over other sources of help was their ready availability and the time pressure on most other sources of support such as prison officers and health care professionals.

However, it was also very clear that peer support was valued in itself. Hall and Gabor (2004) found several common beliefs amongst the prisoners in their study. Predominant amongst these was a general distrust of prison staff and a belief that other prisoners have a better understanding of their situation and are less likely to judge. This was also true in the prison in this study. Prison officers and to a lesser extent, health professionals, were seen as representing authority. Listeners, as fellow inmates, were considered better able to empathise with another prisoner's situation and more likely to respect confidentiality.

Most of those prisoners who had used the Listening scheme spoke very highly of the support they received. Both they and the Listeners interviewed thought the scheme played a considerable role in reducing self harm and could save lives. However, there was some criticism of younger Listeners who were considered to lack the necessary maturity for the role.

Nevertheless, Listeners were still only used by a minority of prisoners and it is therefore important to investigate why some, who may have difficulties, choose not to seek this kind of support. Snow (2002) suggests that concerns around confidentiality inhibit many prisoners, but the research from this prison found that confidentiality is less of an issue than the fear of being seen as weak. The high visibility of Listeners in their yellow tops may occasionally, therefore, deter certain prisoners from approaching them for fear of being ridiculed by their fellow inmates. A perceived lack of skill as mentioned by Mitchell and Latchford (2010) was only raised by one prisoner. He had recently attempted suicide and chose not to use the scheme because he felt Listeners lacked the expertise and knowledge to understand his depression.

#### Relationship with health care professionals

This research differed from previous UK studies of prison peer support in using a case study approach to explore the relationship between the Listening scheme and those responsible for health care in the prison. In this respect, it aimed to build on an earlier study that sought to identify aspects of good practice in the prison's hospital wing (Foster, 2008). The Listener interviewed for the study had experienced a degree of resentment from Health Care staff and an unwillingness to use his knowledge to inform inmate care plans.

Health Care and the Segregation Unit are the areas of the prison that make heavy demands on the Listening scheme. Listeners find the environment in the in-patient unit, where prisoners with severe mental health problems are accommodated, especially challenging, but their relationships with health care professionals appeared to be good. They felt able to consult staff if they need help or advice and from their perspective there appeared to be no difficulties concerning the Listeners' code of confidentiality. In contrast to the 2008 study, they felt well-respected for the work they did in Health Care. For their part, health care professionals spoke highly of the scheme even if some had more knowledge of how it operated than others. They were happy to refer prisoners to the Listeners when appropriate, for example if someone needed additional support between Health Care appointments, and appreciated this could relieve the pressure on them.

However, some health care professionals clearly did have issues with the Samaritan principle of confidentiality, believing it may be necessary to break it in cases of suicidal intent. In-reach support workers were particularly concerned about the level of emotional responsibility necessarily assumed by many Listeners and were unsure about the nature and adequacy of the support they received in the execution of their duties.

Many of the prisoners who required the support of the Listeners from time to time probably did not suffer from a diagnosable mental illness. However, there was obviously a considerable overlap between the professional and peer support programmes in the prison that aimed to promote emotional and psychological well-being. There seems room for a closer relationship between the Samaritans and the In-reach team in particular, which could perhaps increase the understanding of the Samaritans' role in the prison whilst at the same time open up additional opportunities for training and support from those with expertise in mental health. It might also enable concerns around confidentiality to be aired.

### Challenges

Previous research has suggested that awareness may be a problem with Listening schemes in some prisons (Snow 2002). However, in this prison, levels of awareness and an understanding of the basic aims of the scheme were high amongst both users and non-users. Only one prisoner recommended that more information be available. Similarly, access to and abuse of the scheme, although problematic from time to time, did not seem to be significant issues and were generally well managed by the prison, the Samaritans and the Listeners. Listeners appeared to be unevenly distributed across the prison with the largest number accommodated on Houseblock 5. This was because enhanced prisoners were housed here and many Listeners came from this group. Furthermore the Listening suites, used for prisoner interviews during the research, were found to be rather dirty and neglected in some cases with broken furniture stained by pigeon droppings from windows left open for ventilation.

Issues around confidentiality within a custodial setting are quite often raised in the limited research literature. In early reviews of the scheme Snow found that staff and prisoners both had concerns about the Listeners' adherence to the principle of confidentiality (2002). The evaluation of the Peer Support Programme at Kingston Women's Prison in Canada highlighted inmates' fears regarding confidentiality breaches (2002). Some of the most serious concerns have been raised in commentaries by Listeners and prisoners themselves. Writing in *Inside Time* a serving prisoner argued that confidentiality is not maintained, nor should it be if someone threatens suicide or harm to another (Thackwray, 2009). In his experience of being a Listener in three different prisons, Chinelo, 2010, found he had to talk to violent and dangerous prisoners through a door, thereby compromising confidentiality.

In this prison, confidentiality did not generally emerge as a significant concern amongst Listeners, prisoners or in the interviews with the Safer Custody Officer and the BPSO. However, some of the staff in Health Care questioned the appropriateness of the code of confidentiality in certain circumstances and there was evidence from at least one prisoner who had interpreted on behalf of his fellow inmates that it was more difficult to maintain for those whose first language was not English.

One of the most difficult issues faced by this Listening scheme centred on vulnerable prisoners. At the time of the research, VP Listeners were excluded from the weekly sessions with the Samaritan volunteers and were therefore deprived of group support. The prison's policy of providing VP Listeners for VPs went some way to addressing issues of prejudice amongst the rest of the prison population, but its sustainability was questionable when the VP spur was faced with a shortage of Listeners in the near future. Moreover, it was suggested that VPs in Health Care and Segregation already have difficulties accessing VP Listeners. The very acceptability of VPs as Listeners is called into question by Thackwray (2009). He reasons that it is dangerous to recruit prisoners who may have been convicted of crimes involving manipulation, grooming and psychological abuse. Unlike confidentiality, this issue does not seem to have been addressed in previous research. Although six of the seven Listeners recruited for a qualitative study in a prison in the Midlands were sex offenders, no inferences were drawn (Dhaliwal and Harrower, 2009).

#### Benefits to the prison as a whole

In his early study on the first Listener scheme in Swansea prison, Davies reported a reduction of over 50% in recorded self injuries and no deaths since its inception (1994). However, he acknowledged that many other changes had also occurred in the general strategy for suicide prevention. In their examination of a Samaritan-based peer suicide prevention programme in one Canadian penal institution carried out over 3 years, figures suggest that the programmes did have a positive impact on suicide rates. But the numbers were very small (Hall and Gabor, 2004). There has been an overall decline in the number of prison suicides in England and Wales in the last ten years from 1.10 per 1,000 in 2001 to 0.72 per 1,000 in 2010. But the fall has been uneven (2002, 2003 and 2004 saw rates of 1.34, 1.30 and 1.27 respectively). Moreover, Snow cautions that it is not possible to ascribe any reduction to one particular aspect of the current prison strategy (Snow, 2002).

The aim of this study was to elicit the perceptions of different stakeholders regarding the impact of the Listening scheme in one case study. Richman suggests that the ambiguity of the Listener's position, straddling both the prison regime and the inmate culture, can lead them to emphasise their heroic side (2004). Listeners in this prison did feel that they saved lives in certain circumstances. However, their claims were supported by the prisoners interviewed and they also acknowledged that prisoners seriously contemplating suicide would probably not contact them.

More generally it was felt by many research participants – Listeners, prisoners, prison officers and health care professionals – that the prison would be a much less stable and more volatile environment without the Listening scheme. There was also a widespread recognition that it relieves the burden on prison and health care professionals and enhances the personal development of the Listeners themselves.

## **Future Challenges**

Arguably the main concern that arises from our findings is how to provide a consistent Listening service to vulnerable prisoners. There appear to be two main challenges in this area; firstly to provide sufficient resources within prison services and secondly to address the negative attitudes expressed towards this group both by some prisoners and prison staff. The current Samaritan confidentiality policy provides certainty for the Listener and prison service however some consideration should be given to integrating basic mental health awareness and knowledge into Samaritan training. Finally the Listeners are often in possession of important information and it would be beneficial to consider greater integration into the health care team but at the same time maintaining the confidentiality principle and avoiding “medicalising the service.”

## **Future Research**

The data in the current study suggests that the Listening scheme benefits both the Listeners and the prison service. It could be argued it is fundamental to the prison suicide and self-harm policy. However to date there have been no studies that have attempted to measure the outcomes produced by the Listener scheme or tease out its contribution in contrast to other important variables such as the role of other prison support services. One of the main challenges facing NHS services of all different kinds is to ensure that money is spent on evidence-based services. To this end some form of cost benefit analysis of the Listening scheme would be beneficial. Volunteers for the Samaritans do not have to opt to work with the prison Listeners. In the prison where this study was conducted the Listening scheme was well resourced. We suggest that this leads to two future avenues for possible research: firstly to investigate the types of volunteers who wish to work with the scheme and equally importantly those who do not, and secondly to examine how the Listening scheme operates in prisons where Samaritan resources are stretched to support the service.

## **Conclusion**

From the perspective of virtually all those who participated in this research - the Safer Custody office, health care professionals, prisoners, Listeners and Samaritans - this was a Listening scheme that works well. There were effective joint working arrangements between the prison and the Samaritan volunteers. Most prisoners who had used the scheme spoke highly of their experiences and greatly appreciated the support it provided. The Listeners themselves derived a great deal of satisfaction from their role and thought they also benefited in terms of personal development. A few tensions were highlighted between them and prison staff, but this did not appear to be a significant problem and their individual relationships with the Health Care Department seemed to be based on mutual respect and trust. However, by its very nature, Listening does present certain challenges and these still have to be addressed even in the more successful examples. In this prison, these seem to centre on the integration of VPs into the Listening scheme and the need to extend the Samaritans’ obviously strong relationship with the prison authorities to Health Care and other areas of support such as the Chaplaincy. A closer working relationship with the Mental Health In-reach team in particular might facilitate better support and mental health training for the Listeners and a clearer understanding of the way the principle of confidentiality is interpreted in the prison.

In terms of best practice, there is much to be learnt from the way the scheme operates in this prison. Much of its success hinges upon the commitment of the local Samaritan branch to its prison-based work and to the dedication of particular individuals. This enabled a proactive and extensive programme of training and hands-on support which would not necessarily be possible in other prisons and only served to emphasise the importance of effective management and co-ordination in the implementation of any peer support programme.

## References

Chinelo A Listening in prison. Prisoners' Education trust.

[www.prisonerseducation.or.uk/index.php?id=371](http://www.prisonerseducation.or.uk/index.php?id=371) accessed Nov 2010

Davies, B. (1994) The Swansea Listener Scheme: Views from the prison landings. *The Howard Journal* 33 (2) p125-136

Dhaliwal, R and 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 (3) Sept.

Foster, J et al. (2008) "Very Good" Nurse-led Prison Hospital Wing – A Case Study. Middlesex University

Hall, B and Gabor, P (2004) Peer suicide prevention in a prison. *Crisis: Journal of Crisis Intervention and Suicide Prevention* 25 (1) : p19-26

HMIP for England and Wales (1999) *Suicide is everyone's concern: a thematic review*. London

MacDonald M and Sexton S. (2002) *Self harm and suicide policy implementation in W Midlands prisons*. Centre for Research into Quality, University of Central England in Birmingham.

Mitchell, J and Latchford G (2010) Prisoner perspective on mental health problems and help-seeking. *Journal of Forensic Psychiatry and Psychology* 21(5) 773 -788

Power, K et al (2003) *Act and Care: Evaluation of the revised Scottish Prison Service Suicide Risk Management Strategy*. Scottish Prison Service Occasional Paper series 01/2003. Edinburgh

Richman, J (2004) Listeners: inmate care workers and suicide policies in HM prisons. *Nurse 2 Nurse* 4 (3) p. 18-21

Samaritans (2004) *Samaritan Risk 1 Report: A strategy for higher risk prisoners*. Final report of the Risk 1 Task Force. London. The Samaritans

Snow, L (2002) The role of formalised peer group support in prisons in *Suicide in Prisons*. Towl, G, Snow, L and McHugh, M (eds) Malden: Blackwell.

Syed, F and Blanchette, K (2000) *Results of an evaluation program of the peer support at Joliette Institution for Women*. Research Branch Correctional Service of Canada

Syed, F and Blanchette, K (2002) *Results of an evaluation program of the peer support at Grand Valley Institution for Women*. Research Branch Correctional Service of Canada





### PARTICIPANT INFORMATION SHEET (LISTENER INTERVIEWS)

#### Part 1

##### *Study Title*

##### **The role of Listeners in an adult male prison**

##### ***Invitation to take part***

We are asking you if you would like to join in a research project to find the answer to the question: “Why is the Listening Scheme important in prison and could it be better?” Before you decide to join in, it’s important to understand why the research is being done and what it mean for you if you take part. So please read this leaflet carefully. Talk to other people about it if you want to.

##### ***Why are we doing this research?***

The Listening Scheme was set up by the Samaritans and the Prison Service nearly 20 years ago, but there has been very little research to find out how this scheme is working. This study will look at the Listening Scheme in [prison] to find out what the good things are that other prisons may want to learn from, and whether there are things that can be improved.

##### ***Why have I been invited to take part?***

We are asking for volunteers from all the Listeners in [prison].

##### ***Do I have to take part?***

No. It is up to you. We will ask if you are happy to take part and then ask if you would sign a form. We will give you a copy of this leaflet and your signed form to keep. You are free to stop taking part at any time during the research without giving a reason. It will make no difference to your life at [prison] whether you decide to take part or not.

##### ***What will happen if I take part?***

If you decide to take part a researcher will arrange a time to interview you. The interview will be in a quiet room in the prison. It is also possible that you and other participants will be observed by a researcher during two Listener training sessions in June, though you will be given the option of attending the training at another time if you are not happy to be observed. The researcher will take notes but the meeting/sessions will not be recorded.

##### ***What would the interview be like?***

The researcher will ask you if you are happy for her to take notes or audio tape the interview. You will be given a consent form. You only sign this form if you agree to take part in the interview.

The researcher will ask you what your thoughts are on being a Listener and on the Listening Scheme as a whole. You will not be asked to give any details of specific Listener contacts.

***How long will the interview take?***

The time it takes for an interview varies depends on how much you have to say, but most interviews last about an hour.

***Is there anything I need to be worried about if I take part?***

If there are some things you do not want to talk about in the interview, you do not have to.

***What are the possible benefits of taking part?***

We cannot promise that the research will help you, but the information we get might help to improve the Listening Scheme in prisons in the future.

***For further information you can contact:***

Dr John Foster  
School of Health and Social Care  
Southwood Site  
University of Greenwich  
Avery Hill Road  
Eltham  
London SE9 2UG  
Tel. 020 8331 8757

Thank you for reading so far – if you are still interested, please go to Part 2

**Part 2**

More information you need to know if you want to take part.

***What if there is a problem or something goes wrong?***

If you have any concerns about any aspect of this study you should initially contact Helen Magee who is the main researcher on the project. She can be contacted on [h.j.magee@gre.ac.uk](mailto:h.j.magee@gre.ac.uk). Should you need assistance to write an email a member of the Samaritans or prison staff can assist you. If you remain unhappy and wish to complain formally, you can do this by contacting Professor Elizabeth West, Director of Research, School of Health and Social Care whose details are provided at the end of this form.

***What if I change my mind about taking part after the interview has taken place?***

You are free to leave the research at any time. If you decide to leave after the interview has taken place, all tapes and notes of your interview would be destroyed.

***Will anyone else know what I say in the interview?***

We will keep the information you give us in confidence. Only members of the research team will see it. All the notes and tapes from the interviews will be kept in a safe place and will be destroyed at the end of 3 months. If you give information to the researcher that could lead to concern about your safety or the safety of someone else then a member of the prison staff would be contacted, but only essential information would be released.

***How will the researcher use the interview?***

The interview will be used to write a report about the Listening Scheme in [prison]. Some of what you say may be put into that report, but neither your name nor the name of the prison will go into the report in order to make sure that you cannot be identified.

On occasions the members of the research team may work at home on their personal computers. These are password protected and when not in use locked in a drawer.

***What will happen to the results of the study?***

The results of the study will be used to write a report about the Listening Scheme in [prison]. We also intend to produce these findings in papers read by researchers, academics and practitioners. Some of what you say may be put into the report and papers, but neither your name nor the name of the prison will go into the report in order to make sure that you cannot be identified. A copy of the report will be made available to the Samaritans and [prison]. Prisoners will be able to receive a research summary on request.

***Who is organising and funding the research?***

This study is being organised and paid for by the School of Health and Social Care at the University of Greenwich.

***Who has reviewed the study?***

This study has been reviewed by Essex 2 Research Ethics Committee.

***Contact if you have any concerns***

Professor Elizabeth West – Director of Research  
School of Health and Social Care  
Southwood Site  
University of Greenwich  
Avery Hill Road  
Eltham  
London SE9 2UG  
Tel 020 8331 8757  
Email: [e.west@gre.ac.uk](mailto:e.west@gre.ac.uk)

### STUDY TITLE: THE ROLE OF PRISON LISTENERS IN AN ADULT MALE PRISON

#### TOPIC GUIDE FOR PRISON LISTENER INTERVIEWS

##### Background

How long have you been in [prison]?

How did you find out about the Listening Scheme?

How long after being sentenced did you apply?

Are any types of prisoners prevented from becoming Listeners?

Probe: *Certain crimes, vulnerable prisoners*

Why did you want to become a Listener?

Probe: *Are you offered any incentives eg enhanced status, single cell*

Has the role turned out to be what you expected?

Probe: *If so – in what way? If not – in what ways is it different/did it surprise you?*

What kind of problems/difficulties do prisoners talk to you about?

**NB** *Do not want to know specific cases which may identify prisoners*

##### Support for Listening scheme

What kind of support do you get from the Samaritans?

Probe: *Initial training, ongoing support*

What do you think of the training they provide?

What kind of support do you get from the prison?

How do you think the prison officers/Health Care staff see you?

Probe: *Do you think you get full recognition for your role? Does being a Listener create any tensions between you and prison staff? If so, how does that manifest itself?*

Do you take part in any Health Care discussions/committees etc?

What links do you have with the Mental Health In-reach team, Safer Custody Team , CARAT etc.?

Are there other peer support programmes in the prison? (*Eg Buddies/Insiders*)

Probe: *If so, how do they differ from Listeners? Do you work with them?*

### **Views of the Listening scheme**

What do you think the aim of the scheme is?

In your experience, do many prisoners use the scheme?

Probe: *Is it seen as a sign of weakness?*

What do you think are the pros and cons of wearing different clothing?

Probe: *Easy to identify but less discreet?*

What benefits do you think prisoners derive from the scheme?

What benefits do you think Listeners derive from the scheme?

*Will you use the skills you have developed when you are released? How?*

What benefits do you think the prison as a whole derives from the scheme?

What do you think are the differences between talking to a Listener and talking to a prison officer or member of Health Care?

### **Challenges of being a Listener**

Does the prison have a policy for listening to violent prisoners?

Probe *Have you ever felt unsafe? If so, what happened?*

Does the Samaritan principle of confidentiality ever create problems within the prison?

Probe: *Does it ever created problems for you? E.g. threats to commit self-harm or to harm another*

Is language or ethnicity ever a barrier to listening to another prisoner?

*If yes, what do you do in these situations?*

Do you ever feel you are being used by a prisoner?

Probe: *For cigarettes, drugs, to alleviate boredom*

Are you willing to listen to all prisoners?

Probe: *Vulnerable prisoners, those convicted of certain crimes eg paedophilia*

How do you cope with the emotional burden of being a Listener?

### **Overview**

To sum up, what do you think are the advantages of having a Listening scheme in the prison?

Are there any disadvantages?

Do you have any suggestions for improving the way the scheme works in the prison?

Will you use you experience as a Listener when you leave prison?

**Any other comments?**

**Thank you and close the interview.**

### PARTICIPANT INFORMATION SHEET (PRISONER INTERVIEWS)

#### Part 1

##### *Study Title*

##### **The role of Listeners in an adult male prison**

##### ***Invitation to take part***

We are asking you if you would like to join in a research project to find the answer to the question: "Why are Listeners important in prison and could the scheme be better?" Before you decide to join in, it is important to understand why the research is being conducted and what it means for you if you take part. So please read this leaflet carefully. Talk to other people about it if you want to.

##### ***Why are we doing this research?***

The Listening Scheme was set up by the Samaritans and the Prison Service nearly 20 years ago, but there has been very little research to find out how this scheme is working. This study will look at the Listening Scheme in [prison] to find out what the good things are that other prisons may want to learn from, and whether there are things that can be improved.

##### ***Why have I been invited to take part?***

We are asking for volunteers from all the prisoners in [prison]. We would like to hear from prisoners who have talked to Listeners and those who have not.

##### ***Do I have to take part?***

No. It is up to you. We will ask if you are happy to take part and then ask if you would sign a form. We will give you a copy of this leaflet and your signed form to keep. You are free to stop taking part at any time during the research without giving a reason. It will make no difference to your life at [prison] whether you decide to take part or not.

##### ***What will happen if I take part?***

If you decide to take part a researcher will arrange a time to interview you. The interview will be in a quiet room in the prison.

##### ***What would the interview be like?***

The researcher will ask you if you are happy for her/him to take notes (or audio tape the interview). You will be given a consent form. You only sign this form if you agree to take part in the interview.

The researcher will ask you what you know about prison Listeners and whether you have ever spoken to a Listener about any problems you may have had while in prison. Even though you may not have talked to a Listener, s/he would like to know what you think about having Listeners in prison.

***How long will the interview take?***

The time it takes for an interview varies depends on how much you have to say, but most interviews last about an hour.

***Is there anything I need to be worried about if I take part?***

If there are some things you do not want to talk about in the interview, you do not have to.

***What are the possible benefits of taking part?***

We cannot promise that the research will help you, but the information we get might help to improve the Listening service in prisons in the future.

***For further information you can contact:***

If you have any further questions about the project please contact the Chief Investigator:

Dr John Foster  
School of Health and Social Care  
Southwood Site  
University of Greenwich  
Avery Hill Road  
Eltham  
London SE9 2UG  
Tel. 020 8331 8757  
Email: [J.H.Foster@gre.ac.uk](mailto:J.H.Foster@gre.ac.uk)

Thank you for reading so far – if you are still interested, please go to Part 2

**Part 2**

More information you need to know if you want to take part.

***What if there is a problem or something goes wrong?***

If you have any concerns about any aspect of this study you should initially contact Helen Magee who is the main researcher employed on the project. She can be contacted on [h.j.magee@gre.ac.uk](mailto:h.j.magee@gre.ac.uk) Should you need assistance to write an email a member of the prison staff can assist you. If you remain unhappy and wish to complain formally, you can do this by contacting Professor Elizabeth West - Director of Research, School of Health and Social Care whose details are provided at the end of this form.



***What if I change my mind about taking part after the interview has taken place?***

You are free to leave the research at any time. If you decide to leave after the interview has taken place, all tapes and notes of your interview will be destroyed.

***Will anyone else know what I say in the interview?***

We will keep the information you give us in confidence. Only members of the research team will see it. All the notes and tapes from the interviews will be kept in a safe place and will be destroyed at the end of 3 months. If you give information to the researcher that could lead to concern about your safety or the safety of someone else then a member of the prison staff will be contacted, but only essential information will be released.

***How will the researcher use the interview?***

The interview will be used to write a report about the Listening service in [prison]. Some of what you say may be put into that report, but neither your name nor the name of the prison will go into the report in order to make sure that you cannot be identified.

On occasions members of the research team will work at home on their personal computers. These are password protected and when not in use locked in a drawer.

***What will happen to the results of the research study?***

The results of the study will be used to write a report about the Listening scheme in [prison]. We also intend to produce these findings in papers read by researchers, academics and practitioners. Some of what you say may be put into the report and papers, but neither your name nor the name of the prison will go into the report in order to make sure that you cannot be identified. A copy of the report will be made available to the Samaritans and [prison]. Prisoners will be able to receive a research summary on request.

***Who is organising and funding the research?***

This study is being organised and paid for by the School of Health and Social Care at the University of Greenwich.

***Who has reviewed the study?***

This study has been reviewed by Essex 2 Research Ethics Committee.

***Contact if you have any concerns.***

Professor Elizabeth West – Director of Research

School of Health and Social Care

Southwood Site

University of Greenwich

Avery Hill Road

Eltham

London SE9 2UG

Tel. 020 8331 8757

Email: [e.west@gre.ac.uk](mailto:e.west@gre.ac.uk)



### STUDY TITLE: THE ROLE OF LISTENERS IN AN ADULT MALE PRISON

#### TOPIC GUIDE FOR PRISONER INTERVIEWS

##### General background

Can you tell me how long you have been in this prison?

Are you on remand or have you been sentenced?

##### Coping with prison life

What do you think are the most difficult things to cope with when you are in prison?

If you needed someone to talk to about any problems, who would you go to?

Probe: *Practical problems? Emotional problems? Prison staff; chaplain; Health Care, Listeners*

To what extent do you think prisoners are willing to discuss problems with prison staff? Probe: *prison officers and Health Care staff*

##### Views of the Listening scheme

What do you know about the prison Listening scheme?

Probe: *how did you find out about it; aims of the scheme*

How much do you know about the way it works?

Probe: *selection, training; rota, access etc*

Why do you think prisoners volunteer to become Listeners?

Probe: *desire to help others; perceived privileges*

In your experience, do many prisoners use the scheme?

Why do you think prisoners talk to Listeners?

Probe: *emotional support; to get cigarettes, boredom etc*

Why do you think prisoners don't talk to Listeners?

Probe: *problems of access; fear that confidentiality won't be respected; stigma?*

What benefits do you think the prison as a whole gets from the scheme?

What do you think are the differences between talking to a Listener and talking to a prison officer or health care professional or another prisoner?

Do you think Listeners should wear different clothes?

Probe: *why; easy identification; too conspicuous*

### **Use of the scheme**

Have you ever talked to a Listener?

*If yes: Was it a good experience? Did it help you?*

*(Probe: access, venue, confidentiality, support offered)*

*If no: Was this because you have never needed to or for some other reason?*

Are there other prisoners who support people having difficulties eg Buddies or Insiders?

Have you ever talked to one of them?

Was it different to talking to a Listener?

Probe: *If so; in what way?*

### **Strengths and challenges**

To sum up, what do you think are the advantages of having a Listening scheme in the prison?

Do you think there are any disadvantages of the scheme?

If you have been in another prison – how does the Listening scheme here compare?

Do you have any suggestions for improving the way the scheme works in the prison?

**Any other comments?**

**Thank you and close the interview.**



### **PARTICIPANT INFORMATION SHEET (PRISON STAFF/HEALTH CARE and SAMARITAN BPSO INTERVIEWS)**

#### **Part 1**

##### ***Study Title***

##### **The role of Listeners in an adult male prison**

##### ***Invitation to take part***

We would like you to take part in our research. Before you decide we would like you to understand why the research is being done and what it would involve for you. Please take time to read this information carefully and talk about it with other people if you wish.

(Part 1 tells you the purpose of the study and what will happen if you take part.

Part 2 gives you more detailed information about the conduct of the study).

Ask us if there is anything that is not clear or if you would like more information.

##### ***What is the purpose of this research?***

The Listening scheme was set up by the Samaritans and the Prison Service nearly 20 years ago, but there has been very little research to find out how this scheme is working. This study will look at the Listening scheme in [prison] in order to identify areas of good practice and highlight areas for improvement that will inform Listening Schemes in the prison estate more generally.

##### ***Why have I been chosen?***

You have been chosen because your role within the prison involves responsibility for prisoners' well-being and emotional health. We are also inviting other prison staff in similar roles.

##### ***Do I have to take part?***

No. It is up to you to decide whether to join the study or not. If you agree to take part, you will be given this information sheet to keep and we will ask you to sign a consent form. You will still be free to withdraw at any time without giving a reason. It will make no difference to your work at [prison] whether you decide to take part or not.

***What will happen if I take part?***

A member of the research team will contact you to arrange a face to face interview in a quiet room in the prison. The researcher will ask you if you are happy for her/him to take notes (or audio tape the interview). It is also possible that you and other participants will be observed by a researcher during meetings of the Safer Custody Group, though you will be given the option of not attending the meeting if you are not happy to be observed. The researcher will take research notes but the meeting/sessions will not be recorded.

***What will I have to do?***

You will be asked about your experiences and perceptions of the workings of the Listening scheme at [prison] or other prisons you may have worked in.

***How long will the interview take?***

The time it takes for an interview varies depending on how much you have to say, but most interviews last about an hour.

***What are the possible disadvantages and risks of taking part?***

We do not anticipate there will be any disadvantages or risks from taking part.

***What are the possible benefits of taking part?***

The immediate benefit is the possibility of addressing any areas for improvement of the Listening scheme in [prison]. We hope that the longer term benefits will include the identification of best practice which can be disseminated across the prison estate.

***What if there is a problem?***

Any complaint about the way you have been dealt with during the study will be addressed. The detailed information is given in Part 2.

***Will my taking part in this study be kept confidential?***

Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making a decision.

***For further information you can contact:***

If you have any further questions about the project please contact the Chief Investigator:

Dr John Foster  
School of Health and Social Care  
Southwood Site  
University of Greenwich  
Avery Hill Road

Eltham  
London SE9 2UG  
Tel. 020 8331 8757  
Email: [J.H.Foster@gre.ac.uk](mailto:J.H.Foster@gre.ac.uk)

## **Part 2**

More information if you decide to take part

### ***What if I decide to withdraw after the interview has taken place?***

You are free to leave the study at any time. If you decide to leave after the interview has taken place, all tapes and notes of your interview would be destroyed.

### ***What if there is a problem?***

If you have any concerns about any aspect of this study you should initially contact Helen Magee who is the main researcher employed on the project. She can be contacted on [h.j.magee@gre.ac.uk](mailto:h.j.magee@gre.ac.uk)  
If you remain unhappy and wish to complain formally, you can do this by contacting Professor Elizabeth West-Director of Research - School of Health and Social Care whose details are provided at the end of this form.

### ***Will my taking part in this study be kept confidential?***

All information which is collected about you during the course of the research will be kept strictly confidential. Any information about you which is used will have your name removed so that you cannot be recognised from it. All data from this study will be stored and presented to comply with the requirements of the UK Data Protection Act legislation. Any data stored on a computer or lap-top will be password protected. Only members of the research team will have access to this data. It will be disposed of securely at the end of 3 months.

If any information is disclosed to the researcher that could lead to safety concerns or has potential criminal implications then this will be followed up as appropriate.

### ***What will happen to the results of the research study?***

The results of the study will be used to write a report about the Listening scheme in [prison]. We also intend to produce these findings in papers read by researchers, academics and practitioners. Some of what you say may be put into the report and papers, but neither your name nor the name of the prison will go into the report in order to make sure that you cannot be identified. A copy of the report will be made available to the Samaritans and [prison]. Prisoners will be able to receive a research summary on request.

### ***Who is organising and funding the research?***

This study is being organised and funded by the School of Health and Social Care at the University of Greenwich.

### ***Who has reviewed the study?***

This study has been reviewed by Essex 2 Research Ethics Committee.

**Contact if you have any concerns.**

Professor Elizabeth West – Director of Research

School of Health and Social Care

Southwood Site

University of Greenwich

Avery Hill Road

Eltham

London SE9 2UG

Tel. 020 8331 8757

Email: [e.west@gre.ac.uk](mailto:e.west@gre.ac.uk)

## Appendix 6: Topic guide: Prison/Health Care staff



### STUDY TITLE: THE ROLE OF LISTENERS IN AN ADULT MALE PRISON TOPIC GUIDE FOR PRISON STAFF/HEALTH CARE INTERVIEWS

#### General background

Can you tell me what your role is in the prison?

How long have you been in this role?

Have you worked in other prisons?

#### Prisoner mental health

What part do you play in the prison's strategy to reduce suicide and self harm?

What is your experience of prisoners' emotional and psychological difficulties?

To what extent do you think prisoners are willing to discuss these problems with prison staff (prison officers and Health Care staff)?

#### Listening scheme - operational

How long has the Listening Scheme been in existence in the prison and broadly how does it work?

Probe: *Selection process; rota system; access to Listeners.*

*If worked in another prison – does it differ?*

Are any prisoners ruled out of the selection process?

Probe: *vulnerable prisoners, certain crimes*

Are prisoners required to have served a minimum length of time before applying?

What kind of support do Listeners receive from the prison establishment?

Probe: *listening cells, escorts around the prison, time off work if sitting with a prisoner all night, dealing with violent prisoners etc*



Do prisoners receive any incentives/privileges for becoming a Listener?

Do Listeners/Samaritans take part in any Health Care/prison meetings or have an input into prison strategy?

Probe: *Safer Custody Group, other*

Do you ever receive any complaints about Listeners?

Probe: *if yes: general nature of these complaints eg breaches of confidentiality, trafficking. How are these dealt with?*

Are there other peer support programmes in the prison? (*Eg Buddies/Insiders*)

*If so, how do they work together?*

Are there advantages and disadvantages to making Listeners easily identifiable eg through different clothes?

### **Views of the Listening scheme**

How do you view the Listening scheme?

What do you see as the aims of the scheme?

Why do you think prisoners volunteer to become Listeners?

Probe: *positive and negative reasons, difficulties of assessing motivation*

In your experience, do many prisoners use the scheme?

What benefits do you think prisoners derive from the scheme?

Probe: *emotional support, effect on levels of self harm*

What do you think prisoners think of the scheme?

Probe: *potential abuse, stigma, misconceptions*

What benefits do you think Listeners derive from the scheme?

What benefits do you think the prison as a whole derives from the scheme?

Do you ever recommend that a prisoner speaks to a Listener?

What do you think are the differences between talking to a Listener and talking to a prison officer or health care professional?

### **Strengths and challenges**

To sum up, what do you think are the advantages of having a Listening scheme in the prison?

What do you think are the challenges/difficulties presented by the scheme?

How does the Samaritan principle of confidentiality work within a prison?

Probe: *Challenges, exceptions, potential tension with prison officers*

Do you have any suggestions for improving the way the scheme works in the prison?

**Any other comments?**

**Thank you and close the interview.**

## Appendix 7: Consent form



Centre Number:

Study Number:

Participant Identification Number:

### CONSENT FORM

**Title of Project:** The role of Listeners in an adult male prison

**Name of Researcher:**

1. I confirm I have read and understood the information sheet dated [ ] version [ ] for the above study and had the opportunity to ask questions.
2. I understand that my participation is voluntary and I am free to withdraw at anytime without giving a reason
3. I agree to take part in the study
4. I agree for the interview to be recorded and transcribed
5. I agree to take part in the research observation
6. I understand that if I disclose any information which could lead to safety concerns or has potential criminal implications then this may lead to confidentiality being broken.
7. I agree that this form that bears my name and signature may be seen by a designated auditor
8. I understand that data collected during the study may be looked at by individuals from the regulatory authorities or from the NHS Trust where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent  
(if different from researcher)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Researcher

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

1 copy for participant; 1 copy for researcher;