



# **An evaluation of the Roll-Out of the ‘Mental Health Awareness’ self-directed workbook in Custodial Settings**

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## **An Outline of the Roll-Out of a Mental Health Awareness in Custodial Settings Self-Directed Workbook across Eight CSIP Patches.**

### **1. Introduction**

There are currently over 79,000 people in prison in the UK (HMPS, 2006), and this figure is set to increase. The Department of Health states that around 90% of these individuals suffer from mental health problems, substance misuse problems or both (DH, 2001). The NHS and the prison service are working in partnership to try to ensure that prisoners receive the same standard of care in prison as they would in the general population (DH, 2001). However, often it is difficult for prisoners to gain access to the care that they need whilst they are in prison, and there is a need to train prison staff in both recognising the signs and symptoms of mental illness; and managing/caring for individuals who are mentally ill.

The Care Services Improvement Partnership (CSIP) runs a Health and Social Care in Criminal Justice Programme (HSCCJP). Mental health is a priority area for this programme, and part of this work stream includes focussing on delivering mental health awareness training to custody staff in prisons (HSCCJ, 2006). The delivery of mental health awareness training in prisons is part and parcel of a service level agreement between HSCCJP and the CSIP patches. However, whilst there are global quarterly targets for each patch the amount of such training to be delivered by the MHA Training Workbook is not specified. It is important to stress that the self-directed workbook is not the only training model and that face-to-face training also takes place to support the Assessment, Care and Treatment in Custody (ACCT) initiative. This face-to-face training was not the focus of this evaluation.

### **2. The Mental Health Self Directed Workbook**

In 2005, a Mental Health Self Directed Workbook was produced by Offender Health Care Strategies which aimed to support staff working with offenders within the custodial sector and the Assessment, Care in Custody and Teamwork (ACCT) programme (PID, 2006). The workbook consisted of five

modules to be completed over 8-12 hours; and was available as a CD ROM or a printed hard-copy. It aimed to “provide skills in managing individuals who present with behaviour that may be the result of mental health difficulties” (Workbook, p1), and covered topics such as:

- Influencing factors on an individual’s psychological well being
- Causes of mental health problems
- Types of mental health problems
- Factors that may affect an offender’s mental health
- The stigma behind mental illness and health
- Observation
- Communication
- Managing behaviour
- Referring on

Learning is reinforced with a series of self-directed exercises throughout the training package.

In 2006, this training was implemented in each of the eight CSIP Regional Development Centres (RDCs). Each RDC adopted its’ own approach to rolling out the training. This paper constitutes the formal evaluation of this process over a six month period.

### **3. Aims of the Evaluation**

- To chart the roll-out process in each RDC
- To make recommendations for best-practice in delivering the Self Directed Workbook.

The evaluation did NOT aim to “identify increases in Knowledge, Skills and Attitudes or the positive or negative impact upon offenders” (PID, p3) although some of these issues are touched upon in this report.

### **4. Method**

A qualitative approach was adopted to data collection, which included:

- Conducting personal interviews with each of the 8 CSIP leads
- Using semi-structured interviews to ascertain the roll-out plans for each region

- Participation on a one-day workshop involving 7/8 CSIP leads, chaired by Eddie Fletcher, in Birmingham, September 2006
- Analysis of e-mail correspondence following interviews to further examine roll-out plans
- An analysis of a small sample of completed evaluation forms in the North-West (n=32)
- The conduct of a number of telephone interviews with participant prison officers in the Eastern CSIP patch

## **5. Findings**

**5.1** Semi-structured interviews and e-mail correspondence were used to ascertain the roll-out plans for each region. These are summarised below.

### **5.2 North-West**

*The Initial plans for dissemination: January, 2006*

Roll-out of the work book in the North-West began with discussion between colleagues (area training manager, area safer custody manager and the area suicide prevention forum) at the north-west area prison office. This resulted in three prisons (from a total of 16 across the North West) being identified to pilot the roll-out, namely HMP Style (women's prison), HMP Preston (local male prison – category 'B'), and HMP Lancaster Castle (male training prison – category 'C').

It was planned that the workbook would be introduced into the Care and Segregation Unit at HMP Style, the Drug Dependency Unit at HMP Preston, and in the Segregation Unit at HMP Lancaster Castle.

Suicide Prevention Co-ordinators were identified to be responsible for the roll-out of the workbook, and for ensuring that evaluation forms were completed and returned.

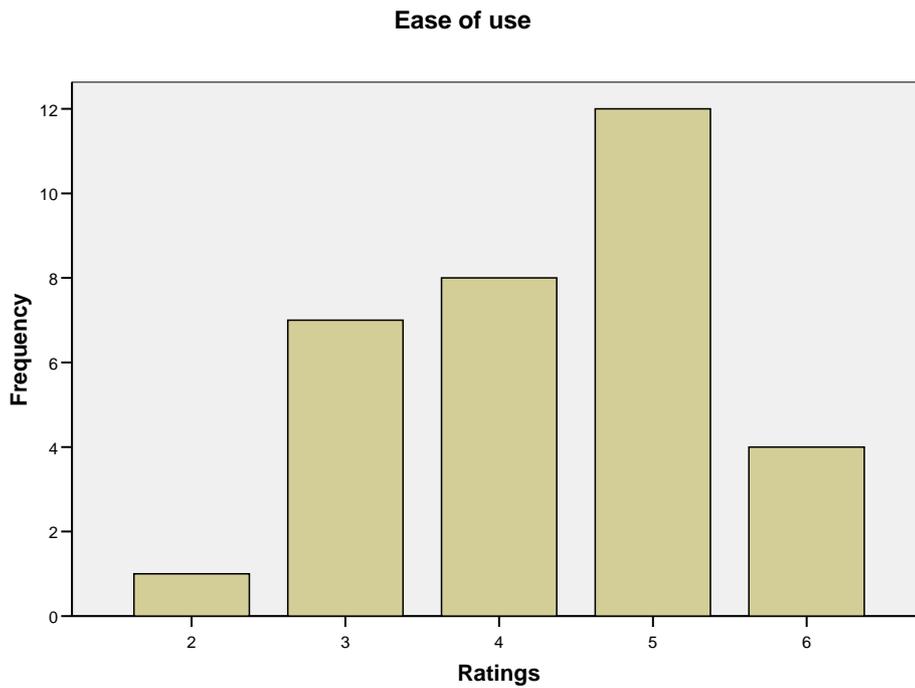
*Review of dissemination plans: September, 2006*

Each governor within the three prisons above nominated a named officer to distribute the workbooks. The CSIP lead then went through the manual with

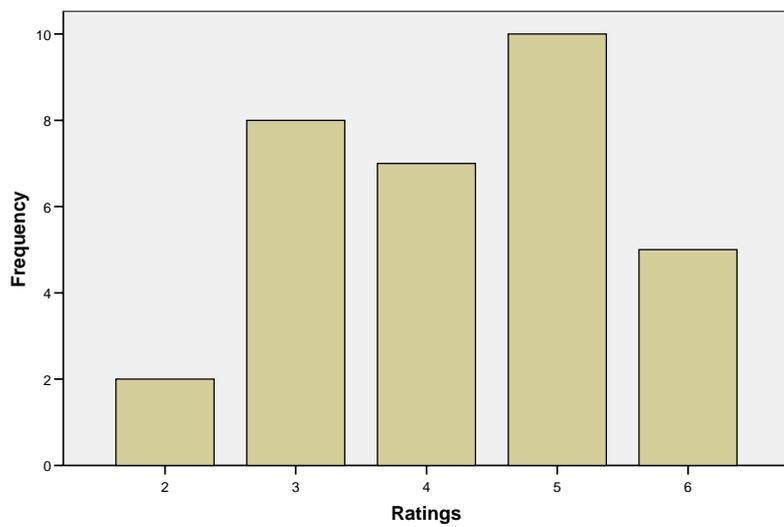
each of the nominated officers. 30 copies were distributed to each establishment. GP left his contact details in case any problems arose. There was 100% take-up at Styal and Preston but at Lancaster prison take-up was only 33%. As a result of the exercise 32 responses were received from the workbook evaluation forms. In terms of response this represents (Styal, 23/30, 77%; Preston, 6/30, 20%; and Lancaster, 3/30, 10% a total response of 32/90, 36%) The results are given below.

*Work-book evaluation results from the North West*

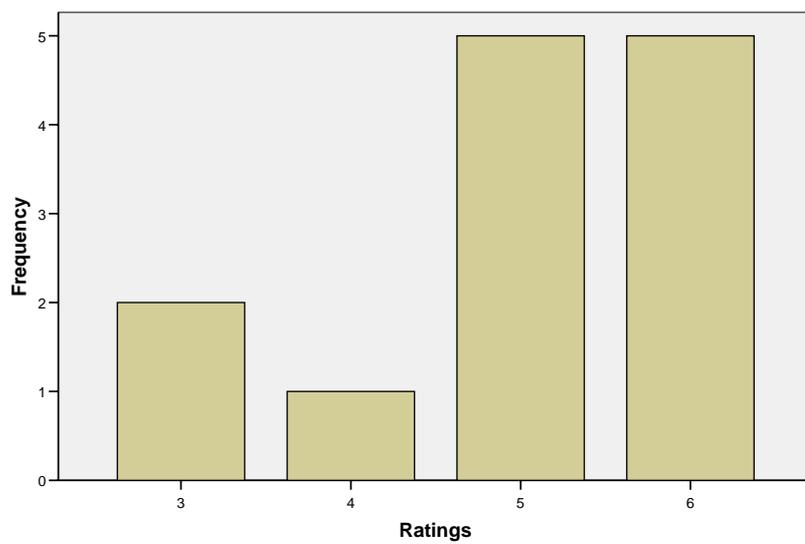
Please note that there are seven items on the evaluation form (See Appendix 1) each rated from 1-6 where 1='poor' and 6= 'excellent'.



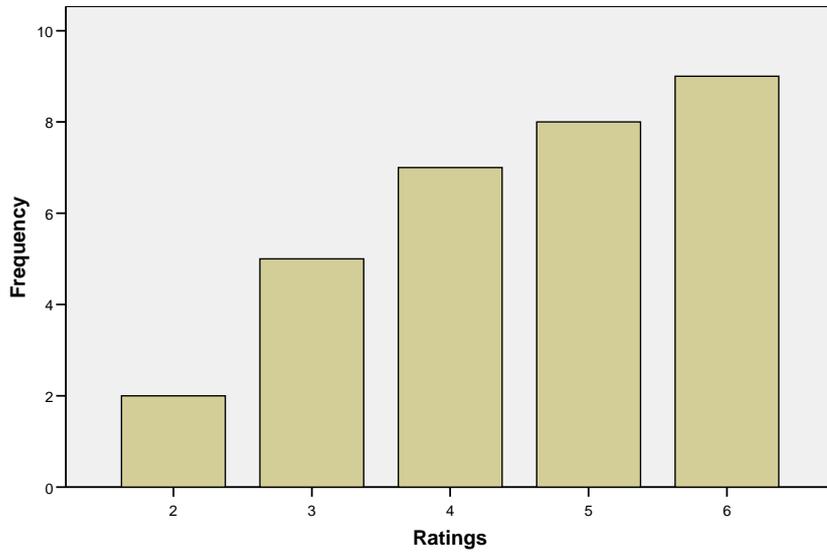
**Readability**



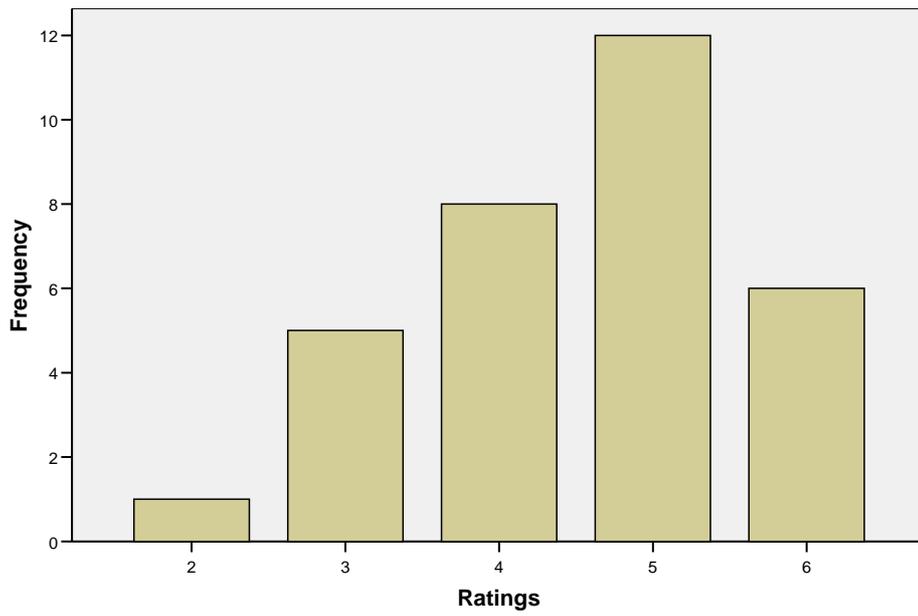
**Information**



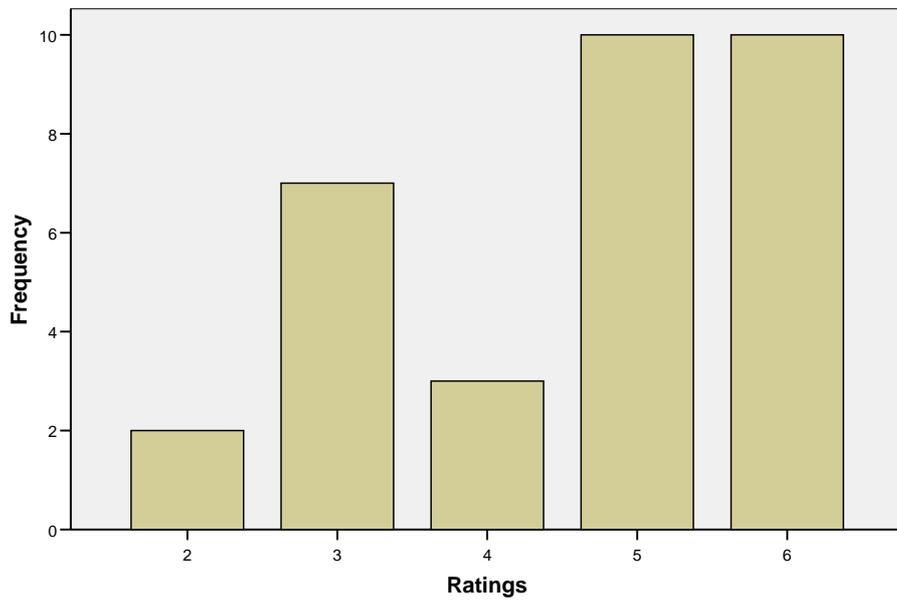
**Usefulness**



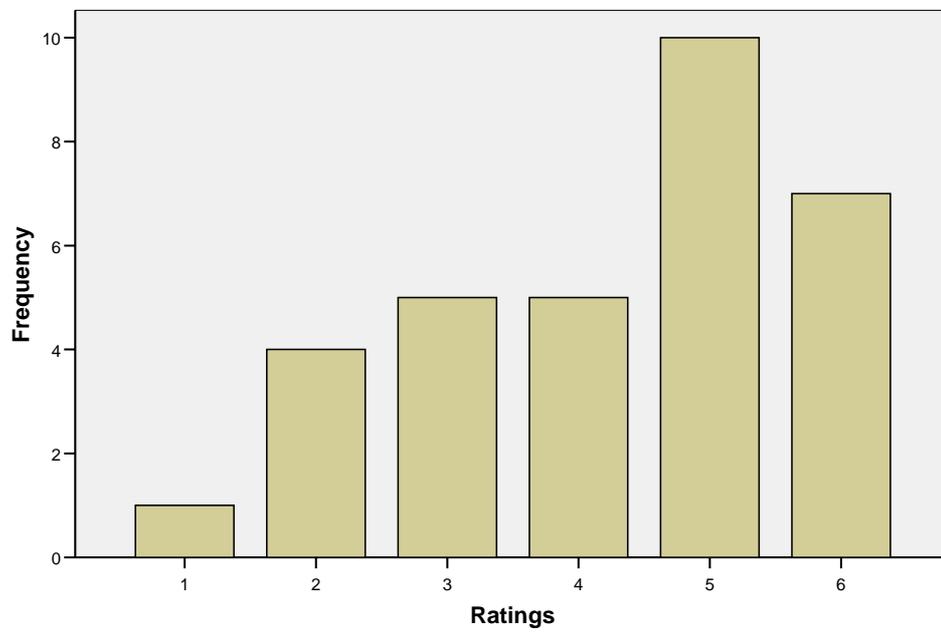
**Accuracy**



### Workplace

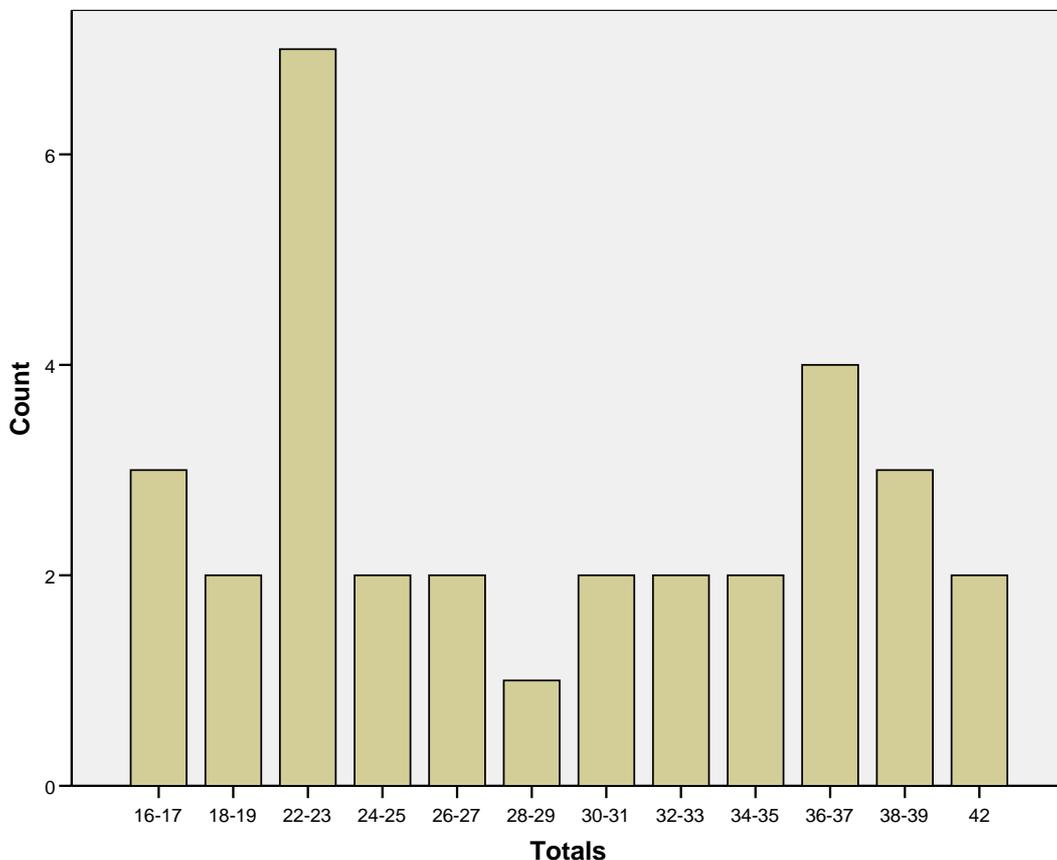


### Exercises



The evaluation scores overall are very high although they exhibit some variation. Most poorly rated were 'ease of use' (mean score= 4.3), the 'exercises' (mean score = 4.25) and 'readability' (mean score = 4.25). All other items scored above 4.5 with the top-ranked item being 'information' (mean score = 5.0). It was noteworthy that the item relating to 'workplace specificity' produced an almost dichotomous response with 20 Prison officers rating this a '5' or '6' and 12 affording a lower score, the majority of whom came from Styal. The seven items were summed together to obtain an overall evaluation score which potentially ranged from 7-42. The resulting score distribution is given below. The overall mean score for all 32 participants was 28.6 (standard deviation 8.6). The graph of the score distribution shows that there are two groups rating the workbook. One group found the workbook highly satisfactory whereas another group (almost half) were far less positive. This was borne out by evaluation of the 'open' questions (see below).

**Distribution of Total Scores**



In addition to the quantitative scores prison officers who completed the evaluation forms also gave responses to open questions. Positive comments included: a valuable tool; very helpful and improved communication; provided basic knowledge; and it was enjoyable to take part. Other more negative feedback included: the content demanded group discussion or classroom work; much more detail was required; and very unhappy to mention own mental health issues without any type of expert support.

The main barriers to implementation in the North West were seen as having sufficient copies of the workbook (only had 90 and found it hard to get more); the time commitment required and other priorities such as compulsory training. There was a general belief that none of these barriers could be overcome without the 'buy-in' of senior managers.

### **5.3 London**

#### *The Initial plans for dissemination: January, 2006*

In London the roll-out began with the production of clear aims and objectives for the implementation of the workbook. It was estimated that it would take three months from the outset to implement the workbook. Additionally, there were plans for an exit strategy that was designed to ensure sustainability.

The London area aimed to pilot the workbook with specific staff groups in two prisons, and these prisons were selected through seeking support from Heads of Healthcare, Commissioning PCT Prison Leads (preferably Mental Health Promotion Leads), and Heads of Training. This resulted in HMP Wandsworth and HMP Brixton becoming engaged with the project. Initial engagement for the two prisons came through the Head of Healthcare. It was subsequently taken over by the Training Manager in Wandsworth, and to an extent in Brixton.

A pre-implementation meeting was held at both prisons. Attendance at this meeting was left to the discretion of the Training Manager and Head of

Healthcare at each establishment, but the PCT Lead was also invited. This meeting resulted in identifying a need for targeting the workbook in the following areas: Primary Care Team, Segregation/Care and Separation Unit staff, First Night and Induction Unit staff, and the Substance Misuse Service. A potential Lead for implementation was also discussed.

By the 17<sup>th</sup> of February 2006, the Mental Health Promotion Lead from the PCT for HMP Wandsworth was keen to engage in the pilot, and had attended all of the training sessions. The Lead had also been able to supply health promotion material and advice on local services to staff.

However, on the 28<sup>th</sup> of February 2006, there was no equivalent Mental Health Promotion Lead in post at Lambeth PCT to engage in the pilot at HMP Brixton. Therefore, after discussion with the Head of Healthcare, representatives from each of the chosen areas attended the pre-implementation meeting.

Both prisons were asked to identify and prepare a Lead from the chosen areas that would be willing to record progress and motivate that area's team to participate. No specifications were made on grade/role/competency. This resulted in Senior Officer (SO) grades being chosen in the wings at HMP Wandsworth, and an F Grade Nurse being chosen to lead the Primary Care Team there. In HMP Brixton, several Leads were chosen from each wing ranging from PO's, a SO and a Staff Nurse in the Primary Care area to cover sickness and absence.

Following this, a facilitated session was planned for Leads and Managers of these areas which aimed to:

- Raise awareness of mental health problems and coping skills through teaching and group work
- Introduce the principles of the workbook
- Look at means of implementation in each area
- Outline the role of the Leads in gathering evaluation information
- Ensure they were happy to lead for their area
- Outline support links available

At HMP Wandsworth, eleven staff attended a meeting on the 29<sup>th</sup> of March 2006. These included Area Leads, PO's, two Residential Governors, the Deputy to the Training Manager, and the Occupational Health Advisor. At HMP Brixton, eight staff attended a meeting on the 30<sup>th</sup> of March 2006, including the Training Manager and the Suicide Prevention Co-ordinator.

The Training Manager then arranged a full session for all operational staff from the chosen areas to go through the main principles of Module One – 'Mental Health Difficulties' through reflective group work. This included:

- Definitions of mental health and mental ill health
- Influencing factors on mental well being
- Causes of mental health problems
- Types of mental health problems
- Relating all of the above to prisoners

This resulted in 25 staff from C Wing, Substance Misuse Service, CSU and Primary Care attending at HMP Wandsworth on the 5<sup>th</sup> of April 2006. At the time at which data was gathered for this evaluation, HMP Brixton was still awaiting a date to commence Module One.

Following this initial session, the Leads were tasked with facilitating the area peer group to complete the workbook, and to developing one workbook as a central resource. Individuals were also offered the opportunity to complete their own workbook in their own time.

At HMP Wandsworth, all areas agreed to devote one hour a week with all available staff to get together and work through some of the exercises using examples of prisoners on the wing at the time. This impacted on the prison regime as only essential tasks would be carried out during this hour. However, it was agreed by local Managers and Governors as potentially staff skills could be greatly enhanced by staff completing the workbook. All of the staff in the Primary Care Area received a workbook, and they were encouraged to read through the module and complete an exercise prior to attending the session.

*Review of dissemination plans: September, 2006*

In total around 60/70 workbooks were distributed at Wandsworth prison and it has been estimated that about 20 prison officers have completed them, at Brixton Prison about 50 workbooks were delivered and approximately 15 POs have finished the five modules. An internal qualitative evaluation was undertaken by Warren Stewart on behalf of the London CSIP patch (see Appendix 2) at Wandsworth Prison. The results are presented in relation to staff working in the Segregation Unit, the Wings or in Primary care. In the Segregation Unit the senior officer had been on sick leave and so little activity had taken place. The Wing based evaluation was more positive. Participation in the workbook had certainly raised awareness and promoted discussion but the exercises were felt to be too patronising. In some instances when material had been addressed as a group there had been some very awkward moments as the participants had little background knowledge and needed expert support to facilitate discussion. A very positive evaluation was received in primary care where the workbook had been regarded as an excellent revision guide although again staff felt that they did not have enough time to complete the exercises in the manner demanded.

The London CSIP Patch, unlike others, went for a 'supported implementation' model from the outset. This should have involved groups of staff discussing their own progress in progressing through the workbook with an expert mental health facilitator. The facilitator made numerous appointments at Wandsworth in an attempt to implement this model. He was constantly thwarted by a series of organisational factors such as a complete rotation of middle management across the prison in the summer of 2006. Despite this, and often as a consequence of well motivated staff, prison in-reach staff and primary mental health care workers both felt that the referral process had improved since training had commenced.

The situation at Brixton was not dissimilar to Wandsworth in that organisational factors impeded progress with workbook implementation. First staff could not be released from normal duties to engage in the facilitated sessions. Second, ACCT training was being delivered at the same time.

Finally, implementation was targeted in the summer months when leave and rotation for POs were at their height.

#### **5.4 South-East**

##### *The Initial plans for dissemination: January, 2006*

At the time that the data for this evaluation was collected, roll-out of the mental health workbook had not commenced in the South-East. However, the initial plan was to pursue the following implementation strategy to be run by the South East Development Centre (SEDC) on a patch basis rather than for individual establishments. The SEDC proposed running sessions once a month, with a maximum of thirty participants on any single course. This would enable four sessions to take place in each of the Prison Areas, and approximately 360 custodial staff a year to be covered. The SEDC will also be responsible for ensuring that there is a Quality Assurance process in place covering evaluation, trainer observation and registration information.

Initially, there would have been an introductory seminar lasting three hours, which would have focused on basic skills in identifying prisoners with mental health problems; and an introduction to the booklet, learning requirements and how to use the tool. Staff who had attended the above seminar would then have been provided with the booklet, and asked to complete it in a given timeframe. There might also have been the offer of support through a helpline and a follow-up seminar where staff would have given feedback on the workbook. Additionally, they would have been tested on the knowledge that they had gained, compliance with the training, and would have discussed barriers to effective implementation. Finally, there would have been an evaluation of the roll-out which focusing on feedback from course attendees. At this stage, the South-East would have registered centrally the number of staff attending and completing the training.

##### *Review of dissemination plans: September, 2006*

The South East could not attend the September workshop meeting so feedback on dissemination as come from personal contact with the CSIP lead.

There are 32 prisons in the South East so roll-out of mental health awareness training is a large task. Awareness training, in the South East, in common with other CSIP patches, began several years ago with the implementation of ACCT training – a Safer Custody initiative. The view in the South East is that training in mental health requires a face-to-face expert input. In addition, the possibility that prison staff might have time for self-directed learning using the workbook alone is not regarded as realistic. The workbook in the South East has therefore been used solely as an aide-memoire for staff following ACCT/MHA training. The workbooks have been distributed but it is unclear at the time of writing how many have been picked up, where, and by whom.

## **6. 5 West Midlands**

*The Initial plans for dissemination: January, 2006*

In the West-Midlands, the Mental Health Awareness training package was delivered as part of Assessment Care in Custody and Teamwork (ACCT) Assessor training. To this end, a post of ESC Co-ordinator (Prisons) was created in April 2005 with West Midlands National Institute for Mental Health in England (NIMHE). The Area Manager, Governing Governors and the West Midlands Area Office agreed for the Area Safer Custody Co-ordinator to plan a three-phase roll-out programme for the fourteen prisons in this area:

- **Phase 1 (Jan – April 05)** – HMP Birmingham, HMP Blakenhurst, HMYOI Stoke Heath, HMYOI Swinfen Hall
- **Phase 2 (April – Oct 05)** – HMP Shrewsbury, HMP Stafford, HMP Long Lartin, HMYOI Brinsford, HMP Brockhill
- **Phase 3 (Oct 05 – April 06)** – HMYOI Werrington, HMP Dovegate, HMP Drake Hall, HMP Featherstone, HMP Hewell Grange

Initially, a training event for ACCT was run at a central location inviting staff from several establishments at the same time. The staff were trained as trainers so that they could then return to their own establishments to train staff in-house. All four phase one prisons are now live with the ACCT training. The aim was that 20% of front-line staff would be ACCT trained. When data was

collected for this evaluation, approximately 10-15% of front line staff in the phase one establishments had become ACCT assessors, and had therefore undergone the Mental Health Awareness Training. Thus training is ongoing as trained Trainers are in place in all four prisons. Phase one prisons are also beginning to target other groups of staff with the Mental Health Awareness Training, including Segregation Staff, First Night Officers and non RMH Healthcare staff. This process is being supported by NIMHE and HMPS supplying trainers.

Training is also underway in five of the phase two prisons, each of which has trainers in place. However, at the time that the data were collected for this evaluation, training had yet to commence in the phase three prisons. It was planned for Newbold Revel Training College from October 2005 - April 2006, and will be led by the Training and Development Group in collaboration with NIMHE, HMPS and SCG.

In October 2005, 168 staff in the West Midlands region had undergone mental health awareness training; and in January 2006 this number had risen to 214 staff. All of these staff are ACCT Assessors. When the data for this evaluation was gathered, a systematic evaluation of the training delivered was underway in this region, and it had produced some very positive feedback. Establishments had seen an increase in staff skills, knowledge and confidence. Additionally, the Mental Health Awareness Training had unanimously been declared the most valuable section of the ACCT training, and there had already been requests from staff in all phase one, and some phase two establishments for further training.

Future training will be led by Training and Development Group staff, and NIMHE, HMPS and SCG have agreed to attend and support the training as it enables them to establish relationships with Trainers in prisons. It should be stressed that much of the activity described above in section 6.5 relates *particularly* to face-to-face mental health awareness training as part of ACCT Assessor programmes.

However, there were plans to introduce the self-directed workbook to all staff within the prison regardless of professional background as follows:

- Publicise the workbook widely within each prison setting a date for introduction
- Introduce the book to all interested parties and run workshops on its use in each prison, preferably with the support of local mental health professionals
- Follow up the workshop with support meetings to check progress and offer support and networking opportunities for staff

In order to achieve this, the West Midland region recommended that the ESC role which is currently 3 days a week is made full-time to aid further work, however, the post was not renewed at this level.

Staff have found that the implementation of the Mental Health Awareness Training in the West Midlands has been smoother where SMT support has been available. Similarly, good support from mental health trained staff has also ensured smoother delivery, but in most cases responses from in-house RMN's have been limited (except at Long Lartin)

Staff in the West Midlands also felt that further work on the impact and outcome of the training should be undertaken. For example, there may be a need to expand the module on Adolescent Mental Health to include sections on Asperger's Syndrome and to further develop the Personality Disorder module to equip staff to deal more effectively with these prisoners.

Furthermore, staff involved in the pilot in the West Midlands made the following recommendations for how the project could be taken forward:

- "An assessment of the results of training in the short, medium and long term could be carried out to evaluate suicide rates, any self-harm reduction, prisoner mental health status and their quality of life, job satisfaction and changes to stress levels for disciplinary staff. All of which has been fed back by staff that have undergone the training but which needs to be supported by evidence"

- “Further work should be carried out in line with the offender care pathway to promote mental health awareness through the criminal justice process from initial contact with the Police, Court Diversion and criminal justice liaison through prisons and back into the community. In addition, we can build on work to further link safer custody and mental health issues, both operationally and strategically”
- “Through the West Midlands Offender Mental Health Strategic Steering Group, specific training could be made available to Probation staff who frequently find themselves case managing offenders with complex mental health, social and personality problems”
- The current MHAT package could be adjusted to suit the specific needs of Police, Probation, Escort and Court staff or the distance-learning package currently in development could be made available to these disciplines

*Review of dissemination plans: September, 2006*

At the September review meeting held in Birmingham, in September, 2006, it was reported that there had been limited use for the workbook. As reported above in the plans for roll-out, face-to-face mental health awareness training was seen as the most important aspect of ACCT Assessor training for which there was a targeted plan. This plan was being successfully realised in three phases and supported by service users from ‘The Friendly Firm’ who acted as trainers. There was a general reluctance to engage in self-directed learning which it was felt could not be relied upon as much as face-to face training, regarded as by far the better option. Thus no prison staff have been trained in the West Midlands using the workbook alone.

## **5.6. Eastern Region**

*The Initial plans for dissemination: January, 2006*

The piloting of the workbook was agreed between the regional CSIP lead and the Area Suicide Prevention Lead and was discussed within the Suicide Prevention Area Team forum and the Regional Prison Mental Health In-reach Steering Group. As a consequence it was agreed that it would be piloted in four prisons, initially being offered to 25 officers in each prison.

The Training Managers from the four identified prisons committed to leading on the dissemination of the workbooks. The Governors of each of the prisons highlighted the pilot in their staff briefings and the prison mental health In-reach Team Managers were contacted to request their teams support to officers using the workbook. Each workbook had an attached letter to the participating officer outlining the nature of the pilot and the support and advice available to them through the in-reach teams and telephone contact details of the CSIP lead.

At the time that data was collected for this evaluation, it was anticipated that staff would use the workbook from June – August 2006. The expectation was that staff would then be approached by Professor Charlie Brooker's team at the end of this period to do a focus-group as part of the evaluation exercise.

*Review of dissemination plans: September, 2006*

The take-up of mental health awareness training was reported at a meeting held on September 8<sup>th</sup> 2006.

*HMP Littlehey:* The workbook had been offered to segregation staff who considered that the material was below their level of training need. In addition, mental health awareness training was offered across the prison by in-reach staff. The workbook was then offered to a wider range of staff. It would appear that three other prison officers had used the workbook. Interviews were attempted by telephone with each of these as the number seemed too small for a Focus Group. The interviews are reported below:

Interview 1 (Prison Officer with 15 years experience): This person was only half-way through the workbook and was completing it at odd moments at work but mostly at home. This had been over a period of 3 or 4 months. The possibility of using the workbook had been advertised on the prison intranet. The respondent felt it was an important topic because the numbers of people with mental illness in prisons was steadily increasing. The actual workbook was described as user-friendly although some of the boxes were not differentiated in the text. The high quality paper made it difficult to write notes without smudging if you used an ink pen. Not really readable and it was felt that the language needed to be simpler 'it's not idiot-proof'. The information given was very useful but came far too late. The interviewee argued convincingly that more mental health should be 'drummed into staff' during

basic training. One really serious problem with self-directed learning is that no-one was identified to offer support either with discussion of the issues raised or the exercises that are supposed to be worked through. In this latter case it was impossible to know if you'd come up with the right or wrong answer. This person also felt that there was not enough emphasis on the prison context and stated that it 'had clearly been written by someone who didn't work in a custodial setting'. When asked if undertaking the workbook would change the way this officer worked the reply was 'it has made me slightly more aware but won't change any aspect of my work'.

Interview 2 (ACCT assessor with 10 years experience): Although interviewee 2 had already been trained as an ACCT assessor he had undertaken all of the workbook modules at home in his own time. He estimated that this had taken no longer than ten hours. He had read the workbook in its entirety before commencing the exercises and reported that, in so doing, he had been provided with many of the answers to the exercises in advance. He felt that, given the low level of mental health training for PO's in general, the material was written at too advanced a level. This was especially true for all POs who were new in that only half a day at most was spent in introductory training on mental health a situation he described as 'dire'. He felt that the workbook was readable, clearly directed the reader to the exercises, but that much more would be achieved in learning taking place in a group. Although there was supposed to be no right or wrong answers he was sure that experts would feel that some responses were more right than wrong. He felt that knowledge about mental health was crucial and gave an example. That very morning one of his colleagues had been sounding off about a prisoner who he knew had been diagnosed as suffering from bi-polar disorder. The PO had described this prisoner as 'playing-up' and attention-seeking'. He had shown the PO the section in the workbook on bi-polar disorder who on reading this section had dramatically changed his attitude. This interviewee was clearly interested in mental health and very motivated. He had heard from his training manager that the workbook was available and had obtained a copy to work through in his own time. His overall conclusion was that all sorts of mental health learning materials were 'floating around' and that what was needed was new product that had lots of practical examples that could be used on prison training days with identified groups for peer support.

Interview 3: This respondent had been a prison officer for 10 months and had heard about the possibility of using the workbook through an email from his training manager. He had worked through all the modules at home and this had taken about 12 hours over three months. He found it very useful but like others felt that he would have learned more if he had been working in a group. The material was readable and the text reasonably self-explanatory but he felt he could have absorbed much more if it had been a group learning situation. He said that although the exercises seemed straight forward it would have been eminently preferable to 'bounce off other people'. One exercise that did 'throw him' was the one on communication where all the arrows in the diagram were hard to fathom. Despite these criticisms this person felt that he

had changed the way he worked as a consequence. For example, he had gone to the in-reach team and found out about their referral processes. He also felt that he had changed the way he spoke to people 'being much more aware of how people react in different ways'.

*HMP Norwich:* The Training Committee had decided to issue the workbook to nominated officers. The take-up, however, had been very low with possibly three prison officers attempting to complete the workbook. The enthusiasm has tended to come from younger officers. It has been suggested that factors influencing the low take-up are: the workbook's over-serious tone; the lack of colour in the printing; and the lack of interactivity with other people. It was stressed that especially with the exercises a 'right' or 'wrong' answer is very hard to discern. Again, it had been anticipated that Norwich might have been a good target prison for a Focus Group but the low response to the workbook precluded this method. In the event it was reported that three officers completed workbook training alone.

*HMP Wayland:* There was a strong feeling from this prison that the benefits of workbook learning were minimal and that staff gained little from this type of learning. The consensus at Wayland was that learning took place most effectively in expert led peer-group settings. In a more practical, organisational context, finding time to go through the workbook was problematic at work and expecting staff to be motivated outside of a work setting was unrealistic. In relation to the actual training materials there was also considerable criticism. The workbook was felt to be disjointed, there were concerns about confidentiality, and there was no reliable way of assessing knowledge gain or attitude change. Approximately four officers completed the training using the workbook.

## **5.7 North-East and Yorkshire**

*The Initial plans for dissemination: January, 2006*

When data was collected for this evaluation, HMP Everthorpe planned to offer training via the In-reach Team with modular support from the Care Services Improvement Partnership (CSIP). Provisionally, ten officers were identified to

undertake the training with support from CSIP. In HMP Northallerton they planned to offer the Mental Health Awareness Training via PCT Lead.

A Support Group had been established at HMP Leeds, and the Mental Health Awareness Workbook was being rolled out there with modular support. Discussions regarding a database/monitoring system were planned for the next Mental Health Leads Network meeting.

Implementation staff were also hoping that the RMN at Askham would be involved in the roll-out of the booklet there. Additionally, discussion had taken place with staff at Wetherby on week commencing the 15<sup>th</sup> of May to discuss a needs review and development of training

*Review of dissemination plans: September, 2006*

The links overall with the prisons in the North East and Yorkshire patch had been made through Safer Custody. The overall sense, through the efforts to implement, in this patch was that a large number of prisons would have liked to participate but they did not understand the fit with ACCT training and were too busy for anything else. This does not mean, however, that no training took place. The main initiatives took place as listed below:

**Askham Grange:** This prison had set up modular training and was using the booklets with two courses having been run and a total of 33 people trained.

**Durham:** Durham was reported as very keen to take the workbook but no further feedback had been received.

**Northallerton:** 30 workbooks had been received and the PCT had taken the lead on training. At the time of writing feedback is being awaited.

**Full Sutton:** This prison wanted to engage but had problems on obtaining the workbooks.

**Everthorpe and Wolds:** This prison had trained 30 prison officers using the workbooks and supported by the in-reach team.

It would seem therefore that at least 100 prison officers had been training using the workbooks in this patch, however, feedback is very limited. In a number of the other prisons there was some reluctance to engage with the initiative with varying types of feedback: 'the CPA co-ordinator not keen to use the pack'; in-reach team provide training and don't like the workbooks'; in three prisons training needs analyses were being conducted (Wetherby, Lindholme and Moorlands) and no further feedback had been received.

## **5.8 South-West**

*The Initial plans for dissemination: January, 2006*

Initially, the workbook was distributed widely in the region to consult on the potential value. Most people were clear that it would usefully serve as an aide-memoire for ACCT trainees and for those people being inducted into work in the CJ system more widely.

However, a dedicated roll-out also took place at a private prison, HMP and YOI Ashfield. The results are described below.

*Review of dissemination plans: September, 2006*

25 experienced prison officers have now used the workbook and have been trained in two groups. Evaluation data from the first group is described below. Nine out of eleven respondents returned the evaluation in the workbook. These mostly stated that the workbook was informative in understanding symptoms and behaviours of mental illness and thinking through specific situations. Four respondents stated that they found the questions in the workbook produced repetitive answers, and one participant felt that the workbook did not allow for personal skills to be employed.

Most of the participants in the prison found the training useful and worthwhile. However, Staff Nurses found the training basic in comparison with those without medical experience.

On scales where 1 was poor, and 6 was excellent:

- 45.5% of respondents rated the ease of use of the workbook as 5 out of 6
- 72.7% of respondents rated the readability of the workbook as 4 out of 6 or higher
- 82.9% of respondents rated the information presented in the workbook as 4 or 5 out of 6
- 45.5% of respondents rated the accuracy of the workbook as both 4 and 5 out of 6
- 54.5% rated the workbook at 5 for being workplace specific
- 45.5% of respondents rated the exercises contained in the workbook as 3 out of 6

These ratings were not as high overall as those presented earlier for Styal Prison.

The Prison though is happy that the training is valuable and it has been incorporated it into their 13-week induction training (although POs are still expected to undertake the course in their own time). A further 10 have been trained in this manner making about 35 overall at HMP/YOI Ashfield.

The workbook is also being introduced via other routes. First, it's being used for joint-training between the police and probation staff working to Bail Hostels. It has also been reviewed for use in prisons by suicide leads, prison listeners and Samaritans. Initially this group had concerns about the workbook but these have been resolved. The introductory module is certainly used and the workbook overall is thought useful as a 'guide'.

It is also worth noting that in this patch the money has been found to send 19 people from 7 prisons onto the local mental health certificate programme (GNVQ Level 2). Not all of this group are ACCT assessors.

## **5.9 East Midlands**

*The Initial plans for dissemination: January, 2006*

The East Midlands planned to roll-out the workbook at Morton Hall to a group of twenty-five mixed staff including wing-based POs, the Chaplain and staff

working in the Psychology Department. They considered the possibility of using the workbook as an adjunct to face-to-face mental health awareness training.

They were successful in training the staff at Morton Hall as planned, and the training generated positive feedback via the Training Manager. Since February, a total of 45 staff have been targeted for training, and this was to be organised by the Safer Custody Lead.

*Review of dissemination plans: September, 2006*

It would seem that 37 copies of the workbook were actually distributed at Morton Hall and very little formal feedback has been obtained about the training apart from the fact that the exercises generated very little enthusiasm and the workbook was considered to be more of an 'adjunct' than anything else. There has been some discussion about rolling out a 'training for the trainers' initiative and this is now underway. Some 17 mental health nurses within prison settings have agreed to facilitate mental health awareness training using the workbook as an adjunct. However, within this plan no PO will use the workbook in the 'self-directed' sense.

## **6. Discussion**

*Summary of Activity*

The implementation of mental health awareness training using the self-directed workbook has been addressed in a wide variety of ways by the eight CSIP patches. The summary Table below (Table 1) gives basic information on the number of targeted prisons, the number of actual completers of the specific workbook programme, whether or not any formal evaluation took place, and if it did, the evaluation strategy used. The majority of CSIP patches aimed to implement the workbook training by targeting prisons (ranging from 2-4 prisons). In the South East the plan had been to implement training through a patch-wide approach but this plan was not ever realised although the workbook was used to supplement ACCT training. In the West Midlands workbook training was not implemented either but mental health

**Table 1 Summary of Progress with Mental Health Awareness Training Workbook by CSIP Patch**

<b>CSIP Patch</b>	<b>No. of targeted Prisons</b>	<b>No. of completers</b>	<b>Formal evaluation?</b>	<b>Type of evaluation</b>
LONDON	2	35	YES	Qualitative (Warren Stuart)
NORTH WEST	3	70	YES	Workbook Evaluation Forms
SOUTH EAST	Targeted Patches	UNKNOWN	NO	N/A
WEST MIDS	14 in three phases	NONE	NO	N/A
EASTERN	4	10	YES	Qualitative Interviews
NE & YORKS	4	60 (MAYBE 93)	NO	N/A
SOUTH WEST	1	35	YES	Workbook Evaluation Forms
EAST MIDS	1	37	NO	N/A

awareness training *per se* was bolted onto ACCT training in a three phase manner – in a similar manner to all other seven CSIP patches. In those areas where workbook training was implemented variable numbers completed the programme (10-93). It is possible that up to 280 prison officers completed the training nationally using the workbook. The largest numbers trained were in either the North-West or the North East & Yorkshire. A certain amount of ‘own-account’ formal evaluation took place within CSIP patches. In addition, there was external evaluation through this commissioned report. Approximately 40 course evaluation forms have been completed (n=31 [NW], n=9 [SW]). In addition, Warren Stuart undertook a qualitative evaluation of the London Region (Appendix 2) and four qualitative interviews were undertaken over the telephone by CB in the Eastern Region.

### *Organisational Barriers to Implementation*

Table 1 shows that there is quite a gap between original aspirations for implementation and what actually occurred. Informal feedback received both by CB and received at the Birmingham workshop in September indicate that getting the product into prisons themselves was problematic. The factors that proved important in hindering implementation are as follows:

- The perceived lack of fit between ACCT training, mental health awareness training (face-to-face) and the workbook version of mental health awareness training.
- A 'senior' view that self-directed learning for mental health was pointless without peer support and discussion.
- The difficulty of gaining senior manager's 'buy-in' to training that was not a requirement
- No ring-fenced time for officers to read and reflect on the workbook
- Internal management rotation which led to extreme difficulties in communication
- The training being rolled-out in the summer months when rotas were at their most stretched.
- Some groups of specialist staff (such as those working in segregation) felt that the material was pitched at too low a level for ACCT assessors
- There was no reliable way of assessing learning or gauging what value training had been
- The view that the in-reach team should supervise all training not that it should be handed out by the training manager with little involvement from experts.
- Not enough hard copies of the workbook available

It would appear from these comments that the mental health awareness training workbook has somewhat confused the picture. It's fit with other training initiatives is unclear and the lack of expert supervision that is necessary (but not always available), perhaps understandably, concerns some people.

### *Workbook Trainee Feedback*

Feedback from workbook trainees was gained either from the evaluation forms in the workbook or from telephone interviews. The workbook evaluation forms made it clear that, generally, the lay out of the workbook was felt to be good and it was regarded as reasonably readable. The exercises within the workbook provoked more criticism. The text earlier refers to the bi-modal distribution of the total evaluation scores in the North-West (see page 10). It was clear from the North-West feedback data that anyone with any experience whatsoever of prison mental health rated the workbook poorly. Prison officers, especially those new to the job, were much more positive. For this group, the most frequently voiced response to the 'open' questions was that learning about mental health was almost impossible alone (and in a self-directed manner) without access to expert guidance or supervision.

The telephone interview data reinforced the findings above. The people spoken to had all spent about 12/15 hours, at home and alone, working through the workbook over a period of 2/3 months. The most enthusiastic response came from a prison officer who had only been in post for 10 months. The other two respondents were more experienced. All three felt that the information conveyed was very important but all had caveats. There was agreement that staff needed to learn about mental health in groups that were supervised by experts. This finding has been strongly echoed before in recent evaluations of mental health training where the product was designed to be administered either as self-directed or face-to-face group training (Brabban et al, 2006). All were clear that the training conveyed in the workbook came too late in their careers. There was some incredulity, on the part of prison officers, that in their six-week introductory programme, they only received about half a day on mental health. This was perceived to be far too little. Over the past year, a new curriculum for mental health, designed by Paul Illingworth (University of Hertfordshire), has been integrated into basic prison officer training. The course is represents 4-6 hours of direct mental health awareness training although, where possible, mental health issues are also integrated elsewhere in the curriculum (personal communication – Andy Mabbott, Newbold Revel Training College). This new content was piloted in February

2005 and finally rolled to all satellite colleges by the autumn of 2005. The impact of this new material is hard to assess.

## **7. Conclusion**

The implementation of workbook learning for mental health could be regarded as somewhat disappointing. In at least two of the CSIP patches very little if any such training took place, in three others a minimal amount of training took place, and in the rest, the process was more successful. Once training occurred, it is clear that a considerable number of organisational barriers have to be overcome to even get the workbook to a potential audience. Indeed, there have been some heroic attempts to overcome such barriers. Once the workbook reaches its target group it is variably evaluated. Prison officers desperately require training in mental health and seem to recognise this. They are very critical of their basic training which contains very little. They also seem clear, however, that 'catch-up' will not occur with the workbook. The personal demands are too high (with no protected time), the material is often unsupervised and learning alone does not inspire confidence. For a handful of highly motivated officers the workbook has been of value and in some ways even changed the way they work. However, one suspects that they are far from typical.

## 8. Recommendations

8.1 The workbook should only be used under certain conditions:

- Either as an adjunct to face-to-face training (e.g. ACCT Assessor Training)
- Or if discussion/supervision with/from a local expert in mental health is possible
- If senior managers within the prison service are aware such training is being undertaken
- An individual prison officer is willing to undertake the training in their own time (unless the prison is willing to make special allowances)

8.2 The design and content of the workbook should be revised (if it is thought likely that any of the conditions above might pertain in the future). The particular areas of the workbook that did not evaluate well were as follows:

- The exercises – this is an area where it was felt that supervision was important
- The applicability to the prison context – Respondents felt that the complexity of mental health disorder was not sufficiently acknowledged e.g. 2/3 co-existing disorders

8.3 Discussions should take place with the Prison Training group based at Newbold Revel about changes to the introductory course for prison officers in the last year and the impact these might have in the future for all levels of mental health awareness training.

8.4 Continued roll-out of 'workbook-based' mental health awareness training for prison officers will have associated costs in 2007/2008. The benefits of any such investment are likely to be marginal unless the conditions described in section 8.1 above are met.

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## Appendix 1

# EVALUATION

# Mental Health Awareness

The workbook that you have recently completed aims to provide you with an awareness of mental health. This evaluation sheet will help us to continually update the material and ensure that it meets the needs of its target audience.

Please take a few minutes to complete the questionnaire and return it to your Regional Mental Health lead or Training Manager.

Establishment	Grade
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	<b>Please circle</b>					
	<i>Poor</i>					<i>Excellent</i>
<b>Layout</b>						
Ease of use	1	2	3	4	5	6
Readability	1	2	3	4	5	6
Information	1	2	3	4	5	6
<b>Usefulness</b>						
Accuracy	1	2	3	4	5	6
Workplace specific	1	2	3	4	5	6
Exercises	1	2	3	4	5	6

Please use this section to make any comments regarding this workbook or Mental Health Training in general.

Many thanks for your help in ensuring this product is 'fit for purpose'. If you would like to be contacted further regarding MHAT then please add your details below.

**Qualitative evaluation of the ‘Self Directed Mental Health Awareness Workbooks’ project.**  
**Warren Stewart, LSBU / CSIP.**

**Summary:**

HMP’s Wandsworth and Brixton were selected as a pilot site for the delivery of the ‘Self Directed, Mental Health Awareness Workbooks’ in the London Region. Initial meetings were held with significant stakeholders within each Prison / PCT partnership. Introductory workshops were then facilitated for project drivers in both prisons. A larger scale workshop was held at HMP Wandsworth for staff in sensitive areas of the gaol, namely CSU, C wing and Primary Care (PC).

**Method**

At this time, HMP Brixton seem unable to move the initiative forward owing to difficulties with fitting any kind of training into their regime. Therefore the evaluation took place at Wandsworth only, over one day. Much data may have been omitted due to significant staff being off duty.

Structured and informal interviews took place on 02.06.06 with staff from the CSU, C Wing and Primary Health Care Staff. One interview was carried out via telephone. The range of staff included several discipline staff, two HCO’s, two nurses (grade E), one SO. Contact was made with one nurse manager and one governor although little information was forthcoming. Work books were reviewed in all areas. Numbers completed: one.

**Findings**

	<b>CSU</b>	<b>C wing</b>	<b>Primary Care</b>
<b><u>Describe what progress staff in your area have made with their workbooks?</u></b>	Several staff knew about the WB’s. One officer on duty had attended the initial session but had not completed any of the exercises. Significantly the Senior Officer was on sick leave.	No completions, 3-4 modules completed in several WB’s. (Many other WB’s missing) Many of the staff knew about the project.	WB’s at various stages of completion. Evidence that at least one HCO had completed her book. Evidence knowledge of the project.
<b><u>Do you have a wing / area resource book?</u></b>	Available – no exercises / units completed.	Eight books in the office. The notion of a wing reference or resource book was not viewed as a practical strategy.	Some staff had individual books. None used as area resource documents.
<b><u>Have any facilitated</u></b>	Nil – SO	Two sessions.	Nil – three sessions

<b><u>workshops taken place?</u></b>	away.		cancelled due to main prison operations.
<b><u>How were they received?</u></b>	NA – it was felt that there could be a place for discussion.	Very well, interesting sessions but with some difficulties.	NA
<b><u>Have you kept any kind of record of these events?</u></b>	NA	NO	NA
<b><u>What members of the MDT attended?</u></b>	Usual staff group one SO and five officers.	PO, SO x2 and several officers. When the PO leant his weight to the meetings they ran more smoothly.	Normal staff group comprises of RMN's, RGN's, HCO's and doctors.
<b><u>How would you assess the quality of the exercises?</u></b>	NA	Feedback mixed – not all negative. 'It was boring', could be perceived as work. 'Some exercises were slightly patronising', 'the questions made me want to write stupid answers', 'it's what we do anyway'. (sited ex 12, module 4, de escalation).	Very good for many reasons.
<b><u>What worked well? Describe good practice.</u></b>	NA	Overall, the project was well received, there is a need for it. 'People are talking about'. The	Helpful introduction, good revision of the subject. Written in an understandable way, relevant. Emphasised the experience of the individual. 'Not sure if group or individual WB completion best'.
<b><u>What have you learned? What did you enjoy about the books?</u></b>	One officer felt the introductory session worked well	Created a discussion on MH issues, brought the subject to the fore.	'Thought provoking', 'promoted understanding', 'there's no right or wrong about it', 'normally too busy to think about the issues'. 'Showed how we have changed as people'.
<b><u>What are the benefits to the staff? To the Prisoners? To the community?</u></b>	Not felt to be a relevant question.	<u>Self</u> : May increase staff confidence with issues. Certainly raises awareness.  <u>Community</u> : 'May help to reduce stereotyping'. Referrals may be processed quicker due to an increased credibility with in	<u>Self</u> : 'good for revision', 'helped to review own skills', 'helped to reflect on own practice', 'relate theory to practice' <u>Prisoners</u> : 'I think .... Better care'. <u>Community</u> : 'create awareness for officers and HC staff', 'reduces distance between staff and patients'.

		reach services.	
<b><u>Describe what didn't work so well.</u></b>	The area lead not able to implement the project, no contingency plan.	A struggle to get the original staff group together. During a discussion group, people felt awkward about the issues, didn't have answers to questions. 'Not enough background knowledge. Needed some support to complete exercises.	Feelings of guilt: that they'd not completed any sections; for others that they were taking time to complete sections in working hours. 'Even as an RMN you have to think about the issues which takes time.
<b><u>What difficulties did you face? What were the constraints?</u></b>	NA	Not enough clarity on how to implement in the workplace. A shortage of book... Many staff don't have workbooks. Difficult to build trust in order to talk about issues... some people had personal experience of MH difficulties. Time to hold discussions. How to deliver with staff groups.	Meetings cancelled. E.S.L. issues.
<b><u>What might be some solutions to the problems?</u></b>	More than one lead, individuals completing books by themselves.	Like to see more on learning disability. Like some form of guidance for discussion facilitators. Or, external facilitation. Perhaps another formal session to round off the experience, check it's all okay?	Allocated time, supported sessions.
<b><u>Any other concerns or comments?</u></b>		'Perhaps more case studies could be included'. No longevity: 'Will probably be completed then forgotten about'.	Worried that discipline staff would see themselves as experts or challenge nurses decisions and judgements. This might prompt defensive practice. It would have been helpful for some form of shared facilitation or at least someone to observe sessions. Generally nothing negative to say about the WB's
			'Why don't you develop a work book for mental health nurses to help

			them with clinical skills?' (meaning adult nursing skills).
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### **Themes**

Although few WB's were actually completed, my general sense is one of staff knowing about the project and asking how to engage with the training. Both in the CSU and in the MH ward area staff requested more introductory sessions and WB's.

Both the Primary Care (PC) MH lead and the Senior Officer (SO), stated they had problems creating time to discuss the exercises with colleagues. The SO said she felt under confident leading discussion groups leading the meeting. She found some questions and 'silences' difficult to deal with. She remembered support had been offered at interview but did not see that as a solution during meetings. She suggested some form of published guidance should be available for area leads.

Some individual staff in the CSU and PC complained that no extra time was provided to complete exercises. None of the discipline staff I spoke to had completed any of the exercises, however, there were eight WB's in the C wing office, some with up to four units completed. The answers were coherent and relevant, tending to be minimal bullet-point style answers.

The discipline officers I spoke with gave direct, seemingly honest answers. One officer in the CSU voiced concerns that if an SO didn't push the idea forward it would flounder quickly. He was able to locate the wing office WB but it hadn't been used.

There is evidence to support PC staff used the WB's reflectively. Qualified RMN's viewed it as 'good revision'. Perhaps three months is too short for the 'overseeing', clearly staff are still working on them.

### **Recommendations:**

1. More intensive support for section leads / project drivers
2. More structured sessions
3. Roll out to other areas of the prison

### **Appendix one**

<b>Positive points</b>	<b>Negative Points</b>
Staff from all disciplines knew about the WB project.	Likely to fail without local champions / drivers
Many staff who hadn't been in the introductory session were asking how to get involved with the training.	One lead felt there wasn't enough support to work through sections with staff
Viewed as having a positive impact on staff and prisoners	Supported time very limited
Viewed as a useful revision tool for qualified staff	Perceived as 'dull' by many discipline staff.
Local expertise available, willingness to get involved with audit and facilitated learning.	Guidance required with local delivery

### **Follow Up Review 25.08.06**

## HMP Wandsworth

### Summary:

Since the review in June there has been limited contact with the designated sections leads. The contact that has occurred could best be described as one sided, that is, unreciprocated offers of support from CSIP staff. Staff rotation and summer leave have also colluded against the roll out of the self directed workbook project.

While it is difficult to assess how many books have been completed there was evidence to support more groups of staff getting together to discuss and complete units. Notably these took place with Primary Care and C Wing, both areas with an identifiable workbook champion. Furthermore, In Reach and Primary Care Mental Health Workers felt the referral process had improved since the workbooks have been commenced. Staff (although all health care based), asked to get involved with the project. I gained a definite sense that staff knew about the work books and that the project was on the map.

### Method:

The second visit was partly about finding out new information, partly about reinforcing the good work of key stakeholders and partly about promoting the use of workbooks to staff newly in post or to other interested individuals.

The training manager felt the whole implementation process needed to begin again. All areas of the prison (with the exception of HCC), had been affected by a rotation of middle ranking managers leaving the sections with different drivers. We discussed drawing in any staff groups who have contact with prisoners and a date was set to bring significant staff together.

As arranged, a Primary Care - Mental Health nurse was able to take to several locations around the prison; without his assistance the process of information collation would have been difficult. He was generally positive about the quality and role of the workbooks, as were many health care staff that I encountered. He expressed a view that without structured session, prison officers would not have the motivation to complete the exercises. This view seemed to resonate with the opinion of other staff during this visit. (The head of health care was unavailable).

### Positives and negatives of the August HMP Wandsworth review

<b>Positives</b>	<b>Negatives</b>
More groups have taken place.	Email and telephone contact minimal
Key staff report work books helping the referral process	Summer leave inhibited activities, e.g. onsite groups, instruction, contact.
Key staff asking to become involved with the roll out of training	Staff rotation had a massive impact on the programme.
Dates set for more introductory sessions.	Staff seem to respond better to taught sessions rather than the self directed style of learning
	Little evidence of more work books being completed
	Lack of time to complete units perceived as a major impediment.
	Perception of a lack of motivation to complete exercises.

### Discussion

Invariably, in any large institution there will always be a section of the target group who will respond well a new style of training and those that will not. The success of the implementation of the workbooks depends largely on how well the latter group can be engaged.

There is an argument that issues relating to the workbooks are perceived as being managed by people outside the prison, reducing the sense of ownership and in turn motivation of staff within the prison. One outcome is that at the time CSIP staff are looking to concentrate efforts in other establishments, more activities are being planned in the pilot sites.

Perhaps the model needs to be adjusted slightly in two ways:

1. greater empowerment of key staff within.
2. focus initial training on 'how to use the books' with onsite project leads.

Undoubtedly some very able discipline staff have struggled to facilitate groups with their staff. It is possible that their level of facilitation and mental health skills does not permit them the confidence to do so. Yet groups supported by external staff flies in the face of the 'self directed' ethos of the training.

### Reflections

The 'reviewing' and 'supporting' activities are taking up a significant amount of resources. Yet the indicator set to assess the success of the project is the number of new staff given training. These activities should for something.

An alternative method of training - a slightly more interactive, online version of the book that gets staff to match answers rather recording information in the book.

What happens at the end on the year in terms of continuity? At present rate one or two London prisons will have just had there initial meetings, there is a fear that the project could fall flat.

### HMP Brixton

#### Process

Although there are some similarities with events at HMP Wandsworth, the implementation of the self directed workbooks at Brixton has been slow and clunky. The main reasons are:

1. The training manager was not permitted to free staff from their ordinary duties to engage in training activities.
2. Managers could not agree on who should take responsibility for governance arrangements, i.e., there was a disagreement between training and health care managers.
3. ACCT training being delivered at the same time.
4. As per Wandsworth, summer leave and staff rotation has affected the implementation.

After a business like meeting with key stake holders an initial training session was arranged and delivered for section leads. There followed several cancellations and a two month gap before the first full session could be undertaken with staff from identified areas of the prison. CSIP staff demonstrated a high degree of flexibility in responding to the wishes of the prison training department. Despite this only twenty two staff received the initial training over four workshops. A further day's worth of workshops is planned for September.

In a similar way to Wandsworth, follow up with individual section leads has been difficult to do remotely; responses to phone messages and email has been at best ad hoc. Two of four section leads told me plainly they hadn't done anything in relation to creating staff groups about the awareness training. One asked for help but would have to refer me on to a

colleague taking over from her in the rotation. Some of the feedback related to a lack of direction as to what was supposed to happen next. This seems unjustified especially as it came from a Principle Officer who attended both planning meetings!

#### Plan

1. Press ahead with more awareness workshops.
2. Get onsite for more follow up visits.
3. Invite a wider staff group, including key health care staff who unavailable.