EFFECTIVE COMMUNITY ENGAGEMENT

HMPS Leeds
Introduction

The aim of this training was to deliver BHI ‘Effective Community Engagement’ training package to employees based throughout the City of Leeds specifically HMPS Armley this would also include Health Representatives from the prison population.

Effective Community Engagement aims to aid the individual through their journey for Cultural Awareness to Cultural Competences. The training is made up of varying modules.

Modules attended were:

- What is culture
  - Organisational
  - Institution
  - Individual- within the organisation
  - Personal
- Cultural Awareness vs Cultural Competence
- The Dichotomy of Double Consciousness
- Health Issues faced by minority (this list is not exhaustive)
  - Diabetes
  - Sickle cell
  - Prostate Cancer
- Case studies

Method

The group agreed a ‘Group Contract’

The Group Contract supported the individuals to set the boundaries for the training. The informal setting is deliberate to encourage full delegate participation and to be conducive to openness to learning. BHI’s training is to give the opportunity:

- To ask questions in a safe environment
- Explore understanding of differing cultures
- Respect each other’s level of learning practice
- Be non-judgemental

The tone of the training is none threatening, none challenging and encouraging.
Case Study
This exercise is given prior to the training to encourage delegates to explore their working experience, immediate response and subsequent response. This was proven to be useful for individuals as well as the group as it makes the training real/relevant.

Ice-Breaker
An introductory exercise entitled ‘What Would You Save’ was used as an icebreaker. This exercise opened up discussion to individuals priorities in a state of emergency. This exercise highlighted commonalities and made available opportunities to discuss differences.

This exercise led to a discussion about the fear of change, and how that would impact them upon release, specifically within their families and communities. Their priority would be to capture memories to help them keep up to date.

During registration, the delegates were asked to place their Expectations, Hopes and fears on wall mounted flipchart paper.

Expectations
- Greater understanding of issues that affect “the black prison population”
- Understand a wider range of health issues for minority communities
- Understand the role of the nurses to care verses the culture prison security
- Understanding of their own health needs
- How to communicate with minority men within the prison

Hopes
- Interactive session
- Add to current knowledge
- Time off the wing
- Understand Cultural Diversity
- Transferable Knowledge
- Transferable Knowledge to Colleagues and other inmates
- Enhanced knowledge positively
Fears

- Misunderstanding Peoples Journey
- Thinking you know it all
- Not being able to ask due to inmate culture
- Getting it wrong
- Won’t learn anything new
- Not being able to understand

Summary

Prior to the course, we asked –

*How confident are you currently in regards to community engagement before taking this course?*

The confidence level of the majority or participants peaked at slightly confident
On completion of the course we asked –

*How confident are you currently in regards to community engagement now you have completed the training?*

Confidence levels were reported as increased with many participants scoring between 6-8

We also asked –

*Was the course content as you expected?*

The 50/50 split was due to Health Reps not receiving the full course descriptions and raising additional health issues which they felt needed to be addressed
Was the course content clear?

During the introduction the course content was discussed and relevant additional health issues were addressed throughout the day.

Did the bespoke case studies provided assist your learning?

Cases studies did not assist

Cases studies assisted
ANECDOURAL FEEDBACK

Useful aspects of the training

“The discussions around thought processes which is impacted by culture and personal experience”

“Perception of terminology and language when communicating with people from different cultures and minority backgrounds”

“How speaking the same language does not always equate to the same meaning – so don’t make assumptions”

“Don’t be afraid to ask”

Non-useful aspects of the training

None received

Most enjoyable aspects

“Very interactive comfortable way to learn and share”

“Thought provoking and opened the discussion about cultural perspective”

“Opened personal thoughts about how people present themselves within their culture and integrate into the work culture”

“Case studies”

“Dialogue about perceptions of our client base due to the service we offer”

“Open honest approach and communication”

“The challenge to read beyond Eurocentric authors to understand different cultural aspects”

“Everything was excellent”

“Listening to trainers experience and the simple demonstrations”

“Being able to share from a cultural and colleague perspective”

“Talking through the culture of work, the institution and how that impacts on service provision” and the two distinct teams that work in within that prison service”

“Being able to discuss how we can support each other as colleagues to deliver a more competent service”
Case studies

“Good to be able to share with colleagues and representatives without feeling judged”

“Gaining support for on-going issues from Health Reps and not judge the staff for their unmet expectations”

“Acknowledging how they the staff have to respond within the system”

“Begin to understand some cultural responses from minority inmates and staff members”

“Highlighted common issues of miscommunication and understanding”

RECOMMENDATIONS

- The training should be embedded into the training programme of HMPS Leeds Training
- Support through on-going training the Health Reps across the prisons
- Expand the health module to include Men and Mental Health
- On line training should be partnered with interactive and participative training to encourage open dialogue and address concerns