



**European Approaches
to Inter-Generational
Lifelong Learning**

**Health Promotion and
Educational Support for the
Rehabilitation of Offenders
(HERO)**

**GREECE
Case Study Identity Card
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EAGLE CASE STUDY

GREECE

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1 EXECUTIVE SUMMARY

Executive Summary

The HERO project aims to contribute to the rehabilitation of offenders within the European Criminal Justice system.

The main objective of the project is to develop two sets of support services: a health promotion and health monitoring module, and a learning and skills support module, for two groups of end users: young and 'first' offenders (typically 'on remand'), and prisoners preparing for re-entry into society (typically on parole).

By the end of the verification stage of the project, the health promotion and educational support services will have been tested in four pilot correctional institutions, involving 20 prisoners in each site. By the end of the project, at least four additional pilot sites will be using the services.

Taking into account the different approaches to rehabilitation in different EU Member State penal systems, the project aims to make a contribution to addressing a number of problems facing European prisons today. Penal problems considered will include:

- The incidence of mental health disorders;
- The level of drugs misuse;
- HIV/STD transmission risks;
- Employment and skills training needs;
- Rehabilitation strategies and services.



2 GENERAL DESCRIPTION

<i>Title</i>	Health Promotion and Educational Support for the Rehabilitation of Offenders (HERO)
<i>Country/ Countries of origin</i>	Greece <u>Comments:</u> The HERO project took also place in Germany, England, Italy, United Kingdom and Spain.
<i>Duration</i>	Starting Year: 01/04/2001 End Year: 30/09/2003
<i>Status</i>	Finished
<i>Managing institution</i>	Public organisation/Ministry
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<i>Funding</i>	Public
<i>Partnership arrange- ment/organis- ational form</i>	Top-down programme/project
<i>Scale</i>	European

3 DESCRIPTION OF COLLABORATING GROUPS

<p>Collaborating Group I</p> <p>(e.g. kids, young teenagers, young adults/twens, parents aged adults, empty nest adults, young seniors, old seniors; marginalized groups, people with special needs, 'people at risk', immigrants, students, teachers, family, community, other target groups)</p>	<p>Implementation of HERO in the Closed (maximum security) prison of Chalkida started on September 2002. The initial (Verification) phase ended January 2003, while the next (Demonstration) phase lasted from February to September 2003. The 'verification group' comprised of thirteen inmates (eleven Greeks, one Serbian and one Albanian) who were selected through interview of 75 candidates. Following the initial selection, candidates' names were given to the Director of the prison for approval. Director rejected one inmate and added two more (from the extended list of interviewees). Shortly, three inmates left the group for unspecified reasons. One, left after 5 sessions, due to transfer to another prison. The average age of the remaining nine was roughly 35 years. All but one had a very low level of IT knowledge. The "computer expert" inmate was purposively selected in order that his knowledge and his status could act as connecting links between the HERO content and the rest of the group. About in the middle of this group's life, three more inmates abandoned the program (two were transferred into another prison - one missed a significant number of plenary and educational sessions). Thus, at the end of the Verification phase the group comprised of six inmates.</p>
<p>Total number of Collaborating Group I</p>	<p>6</p> <p><u>Comments:</u> The above number represents the inmates who completed the whole 'cycle' of the group.</p>
<p>Age group(s) of Collaborating Group I</p>	<p><u>Minimum Age:</u> 20</p> <p><u>Maximum Age:</u> 60, 42, 40</p> <p><u>Age distribution:</u> Their mean age was around 35 years.</p>
<p>Collaborating Group II</p> <p>(e.g. kids, young teenagers, young adults/twens, parents aged adults, empty nest adults, young seniors, old seniors; marginalized groups, people with special needs, 'people at risk', immigrants, students, teachers, family, community, other target groups)</p>	<p>On starting the demonstration phase, seventeen inmates were selected to participate and the list was again given to the Director for approval. The Director rejected four inmates with the pretense that they were new comers in prison. Origin of the remaining 13 inmates was: 11, Greeks, 1, Polish and 1, Moroccan. The youngest inmate of this group was 23 years old and the oldest was 57 years. Though both the average educational and technological level was very low, there were three inmates who were University graduates and one 'computer expert' whose support was beneficial for the other members of the group. Soon after the initiation of the group, 5 inmates stopped coming for undetermined reasons, while 3 more inmates were deferred to other prisons. Five inmates remained in the group until the end of its functioning. Finally, the same selection procedure took place on June 2003, in order to have another group, during Demonstration phase. The HERO group interviewed 16 new applicants and selected 8 new inmates, together with 3 inmates who continued from the previous groups. Again, the list of inmates was given to the Director of the institution for approval. No one was rejected this time, thus the last group comprised of 11 inmates, of whom 8 were Greeks and 3 were Albanians, who had nonetheless fluency in speaking and comprehending Greek. Their mean age was 35 years. Their educational and IT level was low, except the three inmates who continued from the previous group.</p>
<p>Total number of Collaborating Group II</p>	<p>16</p> <p><u>Comments:</u> The above number represents the inmates who completed the whole "cycle" of the groups.</p>
<p>Age group(s) of Collaborating Group II</p>	<p><u>Minimum Age:</u> 21, 26</p> <p><u>Maximum Age:</u> 42, 40</p> <p><u>Age distribution:</u> Their mean age was 35 years</p>



4 DESCRIPTION OF INTERGENERATIONAL LEARNING PRACTICES

The practice description of intergenerational learning practices serves a twofold purpose: i) a qualitative practice description of the case and ii) a quantitative assessment of additional case descriptors.

Description of Learning Arrangement & Learning Practice

As a result of the development and implementation of the HERO tools and services, the expected outcomes are:

- Common health promotion and educational support model for EU prison systems;
- Measurable improvement in health gains in the HERO pilot sites;
- More effective integration of released prisoners into the economic and social environment;
- Increase in public awareness of prisons and rehabilitation approaches; an expansion of the HERO network to include private security organisations, NGO's and national government agencies .

A key objective of the project will be to link the evaluation of HERO with ongoing project management, and with the exploitation and dissemination activities. This will entail an iterative evaluation approach, which will incorporate both formative and summative criteria and indicators. It will include a User Board to build ongoing reflexive critical review into the development process. The main criteria used to evaluate the HERO tools and services will focus on cost-effectiveness; accessibility; transferability, user acceptance, health behaviour and learning outcomes.

HERO can best be thought of as a 'collaborative knowledge system'. It's core is an 'evolving knowledge base' (called an 'Interactive Content Repository'). This essentially provides for:

- The collection, classification and categorisation of resources that can be used to develop customised health and learning services for a range of users (prisoners, ex-offenders, prison staff, NGOs etc);
- Tools to edit, add to and enhance these resources;
- Tools to enable users to find the material most suited to their needs (searching; user profiling; advisor agents).

In addition, HERO provides a range of services based on:

'Interactive user monitoring' (IUMT) and 'virtual case conferencing' (VCC) tools to facilitate decision support for users (e.g. on learning; sexual behaviours; coping with prison life; coping with release and re-settlement), and promote collaborative working between professionals to support these decisions.

Diagnostic and assessment tools to enable a 'skills audit' and a 'health audit' to be carried out for individual prisoners. These provide input to a learning and health plan, progress of which can be monitored via the IUMT and VCC

'Video Lounge' and 'Talking Shop' which enable users to 'step into the shoes' of each other (for example through prisoner-public dialogue; professional-professional debates and so on).

Location of the learning activity

Prison facility

<i>Learning activities (related to policy objectives)</i>	<ul style="list-style-type: none"> ▪ Education, training & learning ▪ Mediation incl. problem/conflict solving, prevention of violent behaviour ▪ Media education incl. Information and Communication Technologies (ICTs) ▪ Social inclusion/participation, active citizenship ▪ Employability ▪ Health
<i>Fields of Learning</i>	<ul style="list-style-type: none"> ▪ Skills for the Knowledge Society ▪ Individual competence development (for private and professional purposes)
<i>Knowledge & Learning Exchange/Flow between the target group(s)</i>	Predominantly 'upstream' i.e. younger to older
<i>Interactions between the target group(s)</i>	<ul style="list-style-type: none"> ▪ one-to-many ▪ group based
<i>Categories of the learning activity</i>	Informal
<i>OECD/DeSeCo Competences addressed by the CS</i>	<p>1 = Competence Category 1: Using Tools Interactively</p> <p>1.1 = The ability to use language, symbols and text interactively</p> <p>1.2 = The ability to use knowledge and information interactively</p> <p>1.3 = The ability to use technology interactively</p> <p>2 = Competence Category 2: Interacting in Heterogeneous Groups</p> <p>2.1 = The ability to relate well to others</p> <p>2.2 = The ability to cooperate</p> <p>2.3 = The ability to manage and resolve conflicts</p>
<i>EC Key Competences addressed by the CS</i>	Digital literacy and ICT skills
<i>Success factors and barriers of the CS</i>	<p>In terms of the main project objectives, as set out in the Technical Annex, the project has:</p> <ul style="list-style-type: none"> ▪ Developed and successfully verified the conceptual coherence and potential transferability of an innovative approach to offender rehabilitation; ▪ Developed and successfully verified viable e-learning and e-health models; ▪ Developed and implemented a technical platform, applications and tools to deliver the rehabilitation approach; ▪ Adapted the technical infrastructure to eight scenarios of use, reflecting different levels of offender environment, varying approaches to rehabilitation and different configurations of user needs; ▪ Produced an extensive resource database to support rehabilitation with over 1,600 learning objects; ▪ Promoted the active use of the resource base with over 200 registered users in the eight pilot sites;

- Realised measurable health, learning and personal development outcomes through the use of the services;
- In response to emergent and transformed needs of participating users, developed a number of additional tools and services – including the interactive game, 'How to survive' module and video library;

The project has been less successful in relation to its objective of increasing public awareness of prisons and rehabilitation approaches; an expansion of the HERO network to include private security organisations, NGO's and national government agencies. Although it has successfully developed the infrastructure and tools to address these objectives, the utilisation of these tools has been relatively modest.

The main problems and issues encountered can be divided into three main groups: Large-scale systemic and structural problems associated with the social and political climate in which HERO operated; Organisational problems within the actual pilot sites themselves; Technical issues around the design, production and implementation of the HERO services.

The technical solutions adopted included: re-design of the HERO web site; re-design of the Interactive Monitoring Tool, with improved integration with the content repository; implementation of Aridane standards for metadata; production of additional tools like the video library and 'how to survive' tool.

Addressing organisational issues and problems focused on: Patience and perseverance; Reducing institutional anxieties by introducing modest and incremental changes that demonstrate that the system can work, and has no catastrophic side effects; Identifying and engaging 'product champions' within the organisation, who have enthusiasm, credibility, trust and time to invest; Providing back up and support – for example training in the use of the content management system.

Dealing with the structural and systemic issues is a much more difficult undertaking, and there remains a good deal to be done to enable HERO to become a sustainable force for European rehabilitation. To this end, the project has identified a number of possible strategies - set out in Deliverable 21: Final Report on the Evaluation of HERO. These include the expanding and adapting the common rehabilitation framework to develop a 'Rehabilitation Rights Programming' framework and good practice methodology, addressed at government agencies and NGOs; segmentation of HERO services and localising them to adapt to prevailing localised scenarios of use; setting up local partnerships, involving NGOs, private enterprise, local government and community-based organisations to package and manage funding; supporting the introduction of e-health and e-learning services with consultancy services, aimed particularly at promoting cross-boundary working.

As the project developed, and in response to its ongoing evaluation, a number of additional 'add on' tools were produced to enhance the HERO system, and to address the evolving and 'transformed' needs (additional needs that develop as a result of using the HERO system) of the HERO users. These included:

- The HERO interactive game – this modelled decision points and the implications of decisions across the offending life cycle. It presented key decisions and 'critical incidents' at seven levels in the cycle: from sentence, through prison induction, health and learning options whilst 'inside', to preparing for release, and finally decisions around re-settlement. The game presents the implications of these various choices and allows users to access the HERO content repository and chat rooms to acquire information and advice to support their decision-making.
- The HERO visual asset database – a library of video clips (tagged and categorised using ARIADNE standards) which acts as a resource for users to develop their own learning and health content resources.
- The HERO 'How to.....' tool. Like the interactive game, this tool enables users to go through a diagnostic of issues and activities related to a particular stage in the



offending life cycle. For evaluation purposes, the tool was used to develop a 'How to survive induction' module. This module took newly-arrived young offenders through a checklist of essential activities (including meetings with health officers, establishing prison visits and so on). The tool provides access to the HERO content repository to enable users to acquire relevant information and advice on each aspect of the induction process.

Results of the CS

The evidence suggests that HERO most likely had a bigger impact on employment and skills than in the health sector. A number of reasons account for this finding:

- The fact that health services are typically more established and 'ring fenced' in the prison system. This meant that there was less scope for HERO to fit into and add value to the existing service provision
- Health professionals typically are more 'role conscious' and 'status conscious' and typically express fears about collaborating with new innovations, since they tend to feel they may undermine their position
- Motivational issues – offenders are reluctant to engage in discussions over sensitive issues like health, even when these can be provided remotely, for example through the HERO discussion fora and 'ask an expert'
- Prison administrators' anxieties about the legal basis and liability associated with on-line health support services

Against this background, the following Table below summarises the contribution made by HERO to health gains in the pilot sites.

Target group	Evaluation criteria/indicators	Potential impact
Offenders	Self-reported awareness of key issues about mental health, STD's, drugs Impacts on 'lifestyle' behaviour (e.g. exercise) Impacts on personal relationships Impacts on day to day life (e.g. coping with the regime) Effects on treatment management (e.g. adherence to therapy) Psychological effects (e.g. sense of well-being) Improvements in skills baselines Contribution to reducing re-offending	High. Improvement in resources across all sites Negligible – insufficient time for cultural change to embed Moderate. Some evidence that participation improved collaboration Negligible Moderate. Some evidence that participation improved self-esteem. Variable across sites Insufficient evidence
Professionals	Improvements in the efficiency and administration of health services Impact on level and quality of monitoring data	Moderate. Variable impacts and tended to be localised Moderate. HERO provided basis for more effective monitoring but utilisation low.

Areas where HERO has made a high impact include:

- Raising awareness of key issues about mental health, STDs and drugs, through the provision of a comprehensive, searchable resource database that is categorised and tailored to specific user needs

- Areas where HERO has made a moderate contribution include:
- Contributing to improving offenders' personal relationships, for example by providing effective induction services to enable them to cope with daily life; address mental health issues around anxiety, depression and self-image

Areas where HERO has had least impact - or impact that cannot be measured - include:

- Impacts on lifestyle behaviour – for example exercise, diet, drugs rehabilitation compliance

This set of objectives has met with variable success. HERO's weakest contribution has been in raising awareness in the public domain. As part of its overall vision, HERO developed an elaborate model for collaborative learning across the different constituencies of knowledge represented in the criminal justice system. This included facilitating 'prisoner-public' interaction. The underlying intentions were to raise public awareness about problems and issues in the criminal justice system; to disseminate HERO's work within the public domain; to get both offenders' and public to 'step into each others shoes' and understand each others perspectives and, as a result, to make contribution to reducing re-offending by, amongst other things, providing opportunities for offenders to understand the effects crime had on people's lives.

In addressing these issues, the project generated tangible outputs. These included:

- The development of a visual assets library, which included video clips of members of the public and offenders presenting their positions on these issues;
- The creation of a 'virtual tour' of the pilot sites, to enable the public to 'drop in' to prisons and see what they were like;
- The creation of a 'Talking Points' facility to promote discussion on the issues;
- The implementation of a 'Showcase' within the One Spirit pilot to demonstrate to a public audience the things participants had learned.