Peer support for adult social care in prisons in England and Wales

Summary of findings

September 2023

Contents

1. About the project

- **Evaluators:** The evaluation was carried out by [NIHR RSET](#) (a collaboration between UCL, Nuffield Trust and Cambridge) and ['Empowering People: Inspiring Change (EP:IC) consultants](#).

- **Project team**: Holly Walton, Efthalia Massou, Chris Sherlaw-Johnson, Donna Gipson, Lucy Wainwright, Paula Harriott, Pei Li Ng, Stephen Riley, Stephen Morris, Naomi Fulop

- **Funding:** This evaluation was independent research funded by the National Institute for Health Research (NIHR) Health Services and Delivery Research programme (RSET: 16/138/17). The views expressed in this publication are those of the authors and not necessarily those of the National Institute for Health Research or the Department of Health and Social Care.

- **Ethical approval for study:** This study has been reviewed and given favourable opinion by London – South East Research Ethics Committee (REC reference: 22/LO/0592), and approval from the National Research Committee (NRC reference: 2022-224).

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2. About this slide set

- This slide set presents a summary of the findings from a rapid evaluation of peer support for social care in prisons in England and Wales.

- All statements in this slide set are based on analysis of the evidence.

- **Please note that the findings in this report have not yet been peer reviewed.**

- The findings have been submitted for peer review publication.

- For details on methods, see A1.

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3. Evaluation aims

- To evaluate peer support schemes for adult social care in prisons in England and Wales
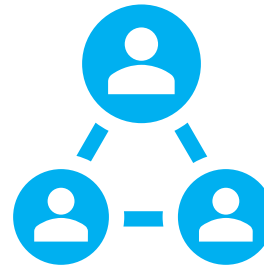

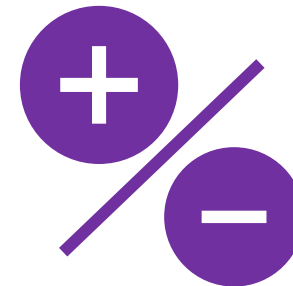Social care provision in prisons (including peer support)

Peer support in prisons (generally)

Implementation of peer supported social care

Experience of staff, buddies and recipients of peer supported social care

Benefits and risks of peer supported social care

How best to measure impact and cost of peer supported social care

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4. Summary of findings

SOCIAL CARE PROVISION IN PRISONS

- Some people who think they need social care support do not receive social care support (documentary analysis).
- Delivery of social care varies across England and Wales, influenced by collaboration, clarity of processes, staffing and resources.
- Lack of consistency of reporting across HMIP reports.

PEER SUPPORT IN PRISONS

- Peer support used frequently in prisons.
- Some positive effects (e.g. disease detection, mental health).
- No studies measured cost/cost effectiveness.
- Limitations re data quality.

PEER SUPPORT FOR SOCIAL CARE

IMPLEMENTATION

- Buddies in place in many prisons – fill social care gaps.
- Differences in peer support models, due to differing prisoner, staff, prison and service factors.
- Some good practice identified & some areas for improvement.

STAFF, BUDDY AND RECIPIENT EXPERIENCE

- Buddy scheme important and valued.
- Some barriers e.g. low pay, lack of training, regime.
- Informal buddies provide support even in prisons without perceived need.

BENEFITS AND RISKS

- Potential for wide reaching benefits (e.g. independence, skills development, staff time).
- Several potential risks (e.g. risks to recipients and buddies, exploitation of role).

EVALUATION

- It may be feasible to use some existing data to infer the impact of these schemes.
- Major gaps in the data, particularly for measuring the direct impact on prisoners themselves.
- Cost data limited and infrequently collected.

EVALUATION GUIDE

We recommend:
- Services are regularly monitored (e.g. against national standards) and/or evaluated in future.
- The need for a unified way of collecting operational, cost and outcome data.

Evaluation guide outlines the type of data that needs to be collected in future.

5a. Social care provision

Findings from our documentary analysis of HMIP reports indicated that:

- The ways in which social care is delivered **varies** in England and Wales (e.g. who provides social care & delivery of elements of social care).

- Some aspects of social care more frequently reported (e.g. assessments/referrals) than others (e.g. care plans/ reviews) in HMIP reports.

- There are some **unmet social care needs** (only 29% of prisoners who consider they have a disability received support they needed)

- Lack of consistency of reporting across HMIP reports.

Findings from our mixed-methods study indicated that:

- Different models of social care used (most involved partnership between prison and local authority)

- Factors influencing delivery of social care included:

Understanding about social care and dedicated social care roles	Collaboration between prisons and local authorities	Having clear processes and procedures for social care	Availability of resources

5b. Peer support in prisons

- A variety of peer support programmes are used in prisons **internationally** to support **health, social care and educational needs.**

- Some **positive effects** of peer support (e.g. in relation to disease detection, mental health, pre and post release behaviour, improved knowledge and skills)

- **Individual** level factors, **service** level factors, and **organisational** factors influenced implementation of peer support schemes.

- **Benefits** of peer support (e.g. improving community atmosphere, reducing workload, safeguarding, self-development)

- **Risks** of peer support (e.g. burden and confidentiality)

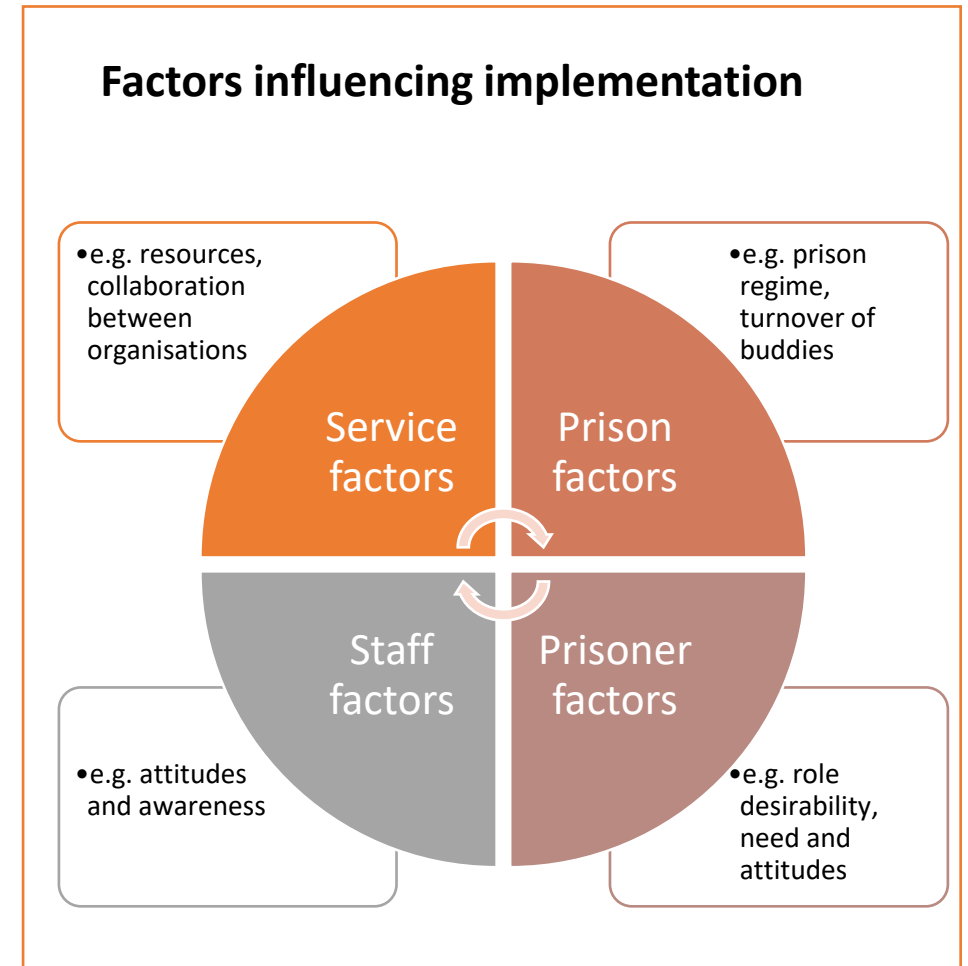**Methods for evaluating peer support and measure quality**
- Different methods were used to measure effectiveness (e.g. surveys, cohort studies), implementation and experience (e.g. interviews, surveys, observation).
- No studies measured cost effectiveness.
- Limitations in the quality of data
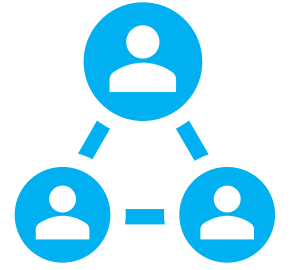
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5c. Implementation

- **Buddies in place in many prisons** - Filling gaps in provision of non-personal social care.
- **Vary** across different prisons in England and Wales (e.g. formal vs informal schemes, leadership models and governance processes).
- **Some good practice** (e.g. collaborations between prisons and local authorities, formalised training modules, security vetting)
- [Prison service instruction for peer support](#) offers guidance relating to training and supervision, employment processes, boundaries, collaborative working and monitoring and evaluation. But these g**uidelines may not consistently be met, e.g. Lack of formal training in some prisons**

Factors influencing implementation

- e.g. resources, collaboration between organisations

Service factors

- e.g. prison regime, turnover of buddies

Prison factors

Staff factors

- e.g. attitudes and awareness

Prisoner factors

- e.g. role desirability, need and attitudes

5d. Staff, buddy and recipient experience

- Buddy scheme important and valued by staff, peers and recipients, e.g. buddies were perceived to help recipients maintain independence, participate within the prison regime and receive the social care support that they needed.
- Buddies and recipients generally reported feeling safe.
- In the site without formal peer support, recipients still highlighted social care needs which were supported by informal buddies.
- Many factors help and get in the way of delivering and receiving peer supported social care, including:

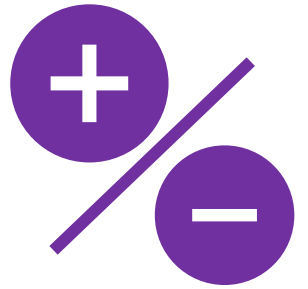| Respect, reward and recognition | Skills, training and awareness for staff and buddies | Access and regime | Time and capacity | Attitudes of staff and prisoners | Processes and procedures |

5e. Risks and benefits

Wide range of benefits:

- Wider society
- Prison (e.g. improving prison atmosphere)
- Staff (e.g. time saving, safeguarding)
- Buddies (e.g. fulfilment, pride, skill development)
- Recipients (e.g. enabling recipients to receive necessary non-personal social care support, promoting independence and integration within the prison community).

Potential risks:

- Risks to recipients (e.g. risk of bullying, buddies stepping over boundaries)
- Risks to buddies (e.g. burden)
- Exploitation of the role by staff, buddies and recipients (e.g. buddies being asked to do things not part of role).

Governance processes together with monitoring need to be in place to mitigate against risks and ensure the safety of buddies and recipients.

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5f. Towards monitoring and evaluation

Current status for measuring impact and cost

- Some local data (not widespread, often operational)
- No routine national data collected on peer supported social care in prisons.
- **Impact:** Feasible to use some existing data (e.g. hospital attendance, self-harm, recidivism) but gaps in data (e.g. prisoner impact)
- **Cost:** Limited and infrequently collected - Cannot evaluate cost per prisoner or cost effectiveness

Towards monitoring and evaluation

- Developed evaluation guide (operational, cost and outcome data) -> regular monitoring and/or evaluation in future.
- Need additional resources, funding and coordination between organisations
- **Who could be responsible?**
  - **Monitoring:** HMIP + local prisons collecting local data
  - **Evaluating:** Researchers
- Stakeholders should work together to consider how best to monitor peer supported social care in resource friendly and feasible ways.

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6. Lessons learned

- Below we present some lessons to consider if peer supported social care services are used, or to be used in future

  1. Produce & pilot national guidance for peer supported social care

  2. Our evaluation guide (outlining operational, cost and outcome data) recommends data that needs to be collected to enable regular monitoring and/or evaluation in future.

  3. For service implementation and mitigation of risks, we recommend:

Dedicated roles

Appropriate funding

Collaboration between organisations

Formalisation (employment processes, training and supervision)

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7. Limitations

- Implementation and experience:
  - Findings may not be representative of all prisons in England and Wales
  - Sample included mostly prisoners who were white British, and older adults with social care needs.
  - Limited time within some of the prison sites to collect data
  - Sometimes difficult to identify the best lead to speak with in each prison & job roles varied substantially.

- Effectiveness and cost:
  - Lack of data on impact and cost, so had to design the study to develop evaluation guide rather than measure effectiveness and cost.

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8. Conclusions

- Peer support services for social care are widely used in prisons in England and Wales.

- Standardisation of services is needed to ensure they are sufficiently resourced and appropriately monitored to mitigate against risks.

- Future research could pilot standards and routine monitoring plans in a proportion of prisons, to explore and determine feasibility of data collection and implementation of recommendations.

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9. Find out more / Contact details

To find out more about the study and our findings, please:
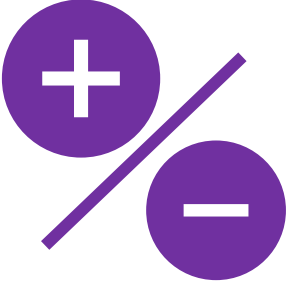
- Email: holly.walton@ucl.ac.uk or peili.ng@ucl.ac.uk

- Visit our website by scanning the QR code:

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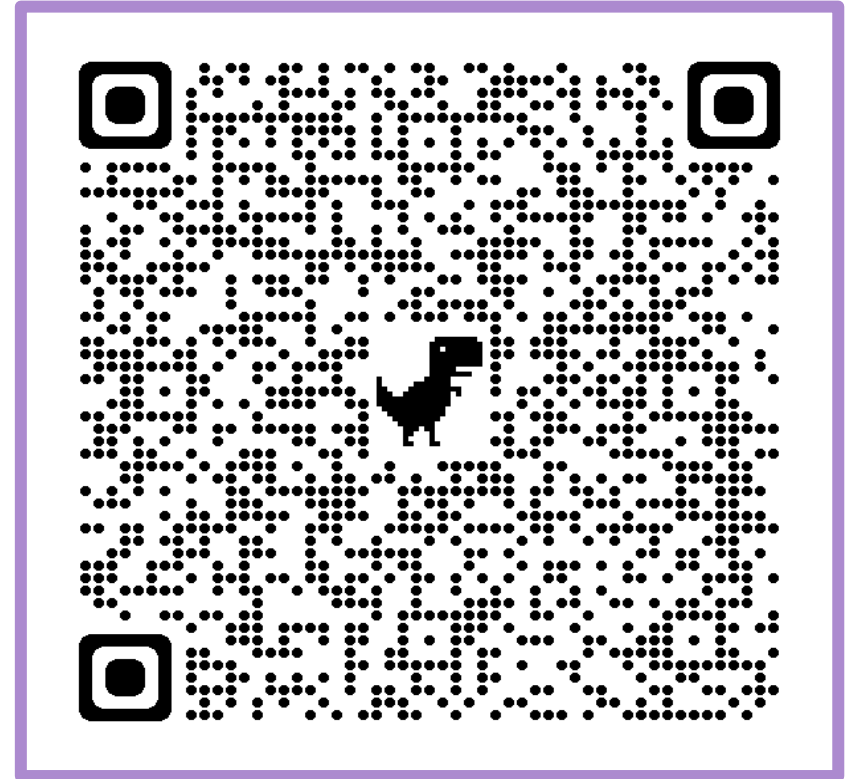
Appendix 1. Evaluation approach

- A rapid mixed methods study, which included:

		Multi-site study – Interviews with		
Documentary analysis of HMIP reports	Systematic scoping review of 70 articles	Multi-site study – Interviews with - 7 national and local leads - 20 prison leads (18 prisons) - 7 staff, 18 peers, 19 recipients (5 prisons)		Workshop with stakeholders (n=13) and further stakeholder interviews (n=5). Cost survey (10/18 prisons)