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How is Social Care Provided in Adult Prisons in England and Wales?

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Abstract

There is variation in provision of social care in prisons. Our research aimed to understand variation across adult prisons in England and Wales, including: (1) what social care is provided? (2) who delivers social care? (3) what peer support initiatives are used? (4) what social care indicators are relevant? and (5) are there differences between prison type and social care provision? We analysed Her Majesty's Inspectorate of Prisons (HMIP) reports (published 2017–2020) from 102 prisons. From these reports we extracted and analysed data on social care provision. Elements of social care are not consistently delivered; need assessments (81.4 per cent) and referrals (75.5 per cent) were most frequently reported. Different providers (health care/social care/prison) deliver social care. Forty-one prisons (40.2 per cent) included peer support (formal to informal). We found no notable differences between prison categories and social care delivery, although, within category D prisons, a significantly larger proportion of those with a disability reported receiving support they needed. Inspection reports highlighted that prison social care should mirror community social care, but we could not fully evaluate this due to reporting issues. Social care provision varies; effectiveness of different models is not yet known. We provide recommendations to improve social care reporting within HMIP reports.

Keywords: Care delivery, peer support, prisons, quality, social care

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Introduction

The number of older adults living in prison is increasing rapidly in the UK (House of Commons Justice Committee, 2013; Stewart and Lovely, 2017; Scottish Government, 2021) and worldwide (Forsyth *et al.*, 2015). Therefore, many adults in prison, require support with social care needs (Tucker *et al.*, 2021). Adults with a range of conditions (e.g. adults living with dementia, autism, mental health conditions, learning disabilities or frailty) may require social care support in prison (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). Improving social care in prisons is a priority across the UK. For example, care acts have been introduced in England (Care Act, 2014) and Wales (Social Services and Wellbeing (Wales) Act, 2014). Scotland has also identified this as a key priority (Levy *et al.*, 2018; Scottish Government, 2019). However, research has shown that these needs are often unmet (Hayes *et al.*, 2013; Senior *et al.*, 2013; Williams, 2013; Forsyth *et al.*, 2015; O'Hara *et al.*, 2015, 2016; Roulston *et al.*, 2021). This lack of social care has been reported by men in prison as having a profound impact on their daily life (Tucker *et al.*, 2021).

More specifically, a review of social care conducted in 2018 found that the delivery of social care in prisons varied substantially in England and Wales and that those who do not meet eligibility for social care were not receiving the social care support that they needed (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). This finding is supported by two national surveys of local authority managers which indicated a large need for social care provision, but found that the presence of needs does not equate to delivery of social care and that social care delivery was variable across local authorities (Tucker *et al.*, 2018).

A national survey of eighty-eight local authorities in England identified challenges to implementation of social care provision within prisons, including challenges identifying people with social care needs and difficulties sharing information and coordinating care (Robinson *et al.*, 2022). Recommendations to improve social care have included the assessments of prisoners who required social care, the provision of social care by appropriate professional staff and trained peer support workers, and care plans (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). A rapid prioritisation process also highlighted peer support initiatives as one of the top five priorities for further evaluation within adult social care (Cowan *et al.*, 2021).

In recent years, the provision of social care has been supplemented with peer support initiatives to provide a package of social care support (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). Peer support workers have supported social care providers to provide non-personal care to other prisoners. Benefits to prisoners (e.g. confidence, independence and trust) and the wider prison (e.g. sense of community,

lower costs) have been identified (Toch, 2000; Stewart, 2011; Stewart and Lovely, 2017). A study of 482 men in prison highlighted that 6.5 per cent of the sample indicated that they received a high level of support from other prisoners (Tucker *et al.*, 2021).

Peer support workers should be competently trained, have supervision, clear roles and support (Her Majesty's Inspectorate of Prisons, 2016; Stewart and Lovely, 2017; Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018); yet, the level of support provided for peer support workers varies in practice (Stewart and Lovely, 2017; Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). Social care provision also varies across prisons (Anderson, 2016; Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018), despite the implementation of the Care Acts (Anderson, 2016). It is also not clear who is responsible for older prisoners' social care (Senior, 2013).

An updated and more detailed understanding of how social care is delivered in prisons throughout the UK is needed, including: what types of peer-led initiatives for social care are used and how these are used within the context of wider social care provision. We used HMIP prison inspection reports to understand how social care is provided in England and Wales. This is consistent with previous research which has used the HMIP reports to evaluate mental health provision (Patel *et al.*, 2018) and health and well-being (Woodall and Freeman, 2019). To the authors' knowledge, there have been no similar reviews of social care provision in prisons in England and Wales. Furthermore, data on social care indicators are limited in previous research; therefore, we hope to identify relevant social care indicators that could be used to evaluate social care provision from the HMIP reports.

Our review of HMIP reports aimed to address:

1. What social care is currently provided in adult prisons in England and Wales?
2. Who delivers social care?
3. What peer support initiatives are used for social care?
4. What social care indicators are relevant to adult prisons in England and Wales?
5. Are there any differences between types of prisons in terms of the social care that is provided?

Methods

HMIP reports

We conducted a documentary analysis of HMIP prison reports (Her Majesty's Inspectorate of Prisons, n.d.). HMIP reports outline the findings of prison inspections, conducted jointly by Ofsted or Estyn (Wales),

the Care Quality Commission, the General Pharmaceutical Council (GPhC) and HM Inspectorate of Probation (HMIP). These reports also present the results of a survey of randomly selected prisoners that is conducted at the start of every inspection. The survey consists of structured questions covering the prisoner 'journey' from reception to release, together with demographic and background questions (see Supplementary File S1 for more detailed information).

There are six categories of prisons in England and Wales: category A are high-security prisons; category B are either local or training prisons; category C are training and resettlement prisons; category D are prisons that have minimal security and allow eligible prisoners to spend most of their day away from the prison; Female prisons—females are categorised and held in either closed conditions or open conditions, according to their risks and needs and the final category is Young Offender Institution (YOI) which is intended for offenders aged between fifteen and twenty-one years (Ministry of Justice and Her Majesty's Prisons and Probation Service, n.d.).

Sample

There are 123 prisons in England and Wales. This research focused on social care delivered in prisons for adults ($n = 115$). YOIs (for those under the age of eighteen years) ($n = 5$) and secure training centres ($n = 3$) were excluded. Prisons that did not have an inspection report for the period 2017–2020 were excluded ($n = 13$). A total of 102 prison inspection reports were included (see Figure 1).

Procedure

HMIP reports (published between January 2017 and June 2020) were downloaded from the Justice Inspectorate website (Her Majesty's Inspectorate of Prisons, n.d.) between April and June 2020. To update and further develop our understanding of social care provision and peer support initiatives in prisons in England and Wales highlighted in a thematic evaluation of social care provision [published in 2018] (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018), we included reports published from 2017. As our analysis included reports up until June 2020, this analysis updates previous evaluations of social care provision (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018).

Data were extracted on the following topics: descriptions of social care (quotes from reports), any other information on social care provided in the reports and information on social care indicators. Reports ($n = 102$) were

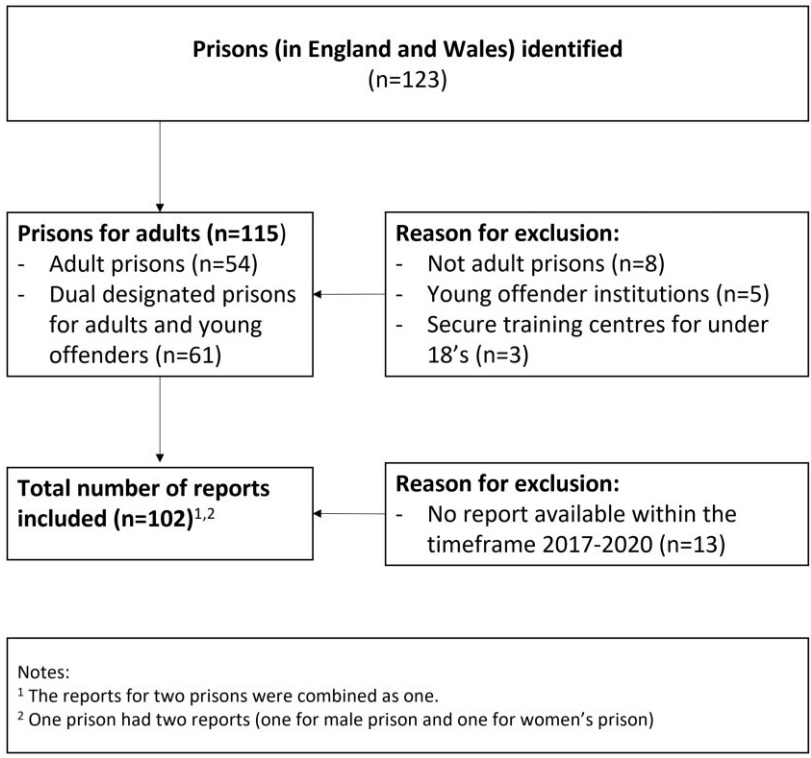

Figure 1: A flow diagram explaining the sample for this study.

allocated to one of two researchers (H.W./S.M.T.). Researchers extracted qualitative and quantitative data from these reports.

Once all data were extracted, one researcher (H.W.) checked, coded and summarised the qualitative data (descriptions of social care and other information on social care). The researcher coded a number of aspects of social care, including whether referrals, assessments, care plans or care reviews were carried out and by whom; who delivers social care, and whether peer support initiatives were used in social care delivery, and any descriptive information on whether social care delivered meets the needs of prisoners. Once we had coded information on referrals, assessments, care plans and reviews, we categorised these reports into different categories, including 'yes' (reports provide information that the aspect of social care is delivered within that prison), 'sometimes' (reports provide information to indicate that the aspect of social care is delivered some but not all of the time), 'no' (report provides information to indicate that the aspect of social care is not delivered) and 'unclear' (report does not provide information to indicate whether the aspect of social care is delivered or not).

Additionally, once all data were extracted, one researcher (S.M.T.) synthesised the quantitative data (indicators of social care) from collated survey data provided in individual reports. The researcher extracted information about prisoners who considered themselves to have a disability and the support they receive as well as the needs and expected support for social care upon release.

Once the initial findings were developed, they were discussed and agreed by both researchers and the wider team.

Analysis

Descriptive statistics were used to analyse the data, including how many prisons delivered aspects of social care (including referrals, assessments, care plans, care reviews and peer support initiatives), the different providers of social care provision and types of peer support initiatives. Due to the low numbers of prisons in some categories, we combined male prisons into higher risk (categories A, B and A/B) and lower risk groups (categories C, D and C/D) and conducted chi-square tests to identify any notable differences between them.

To explore social care indicators in more detail, we summarised survey findings (see Supplementary File S1 for more details) relating to the support received by prisoners who considered themselves to have a disability and expected social care needs and support of prisoners upon release. We grouped findings according to categories of prisons and gender. Chi-square tests were conducted to see if there were any differences between categories of prison in the degree of support provided for prisoners reporting to have a disability and if there were any differences in expectations for social care support after release.

Results

What social care is currently provided in adult prisons in England and Wales?

A total of 102 HMIP reports were analysed. The most frequently delivered aspects of social care were assessment of social care needs (81.4 per cent) and referrals for social care (75.5 per cent). Care plans for social care (44.1 per cent of prisons) and reviews of social care provision (28.4 per cent) were less frequent. Many reports did not specify whether referrals (21.6 per cent), assessments (17.6 per cent), care plans (49 per cent) or reviews (69.6 per cent) were delivered (see Table 1).

The development of social care plans and review of social care provision were more frequently reported in HMIP reports for male higher categories

Table 1. Assessment of social care provision in adult prisons by prison category in England and Wales (based on HMIP reports)

Aspect of social care	Total number of HMIP reports (n = 102), (per cent)	Number of reports for prisons in categories A (n=3), B (n=40), A/B (n=3), (per cent)[b]	Number of reports for prisons in categories C (n=33), D (n=9), C/D (n=1), (per cent)[b]	Number of reports for prisons in category B/D (*n* = 1), (per cent)[b]	Number of reports for female prisons (*n* = 10), (per cent)[b]	Number of reports for young offender institutes for adults over eighteen (*n* = 2), (per cent)[b]
Are referrals for social care assessments made?						
Yes	77 (75.5)[c]	34 (73.9)	32 (74.4)	1 (100)	9 (90.0)	1 (50.0)
Mostly	0	0	0	0	0	0
Sometimes	2 (2.0)	1 (2.2)	1 (2.3)	0	0	0
No	1 (1.0)	0	1 (2.3)	0	0	0
Unclear[a]	22 (21.6)	11 (23.9)	9 (20.9)	0	1 (10.0)	1 (50.0)
Are social care needs assessed?						
Yes	83 (81.4)	38 (82.6)	36 (83.7)	1 (100)	7 (70.0)	1 (50.0)
Mostly	0	0	0	0	0	0
Sometimes	1 (1.0)	0	1 (2.3)	0	0	0
No	0	0	0	0	0	0
Unclear[a]	18 (17.6)	8 (17.4)	6 (14.0)	0	3 (30.0)	1 (50.0)
Are care plans for social care developed?						
Yes	45 (44.1)	25 (54.3)	15 (34.9)	0	5 (50.0)	0
Mostly	0	0	0	0	0	0
Sometimes	4 (4.0)	4 (8.7)	0	0	0	0
No	3 (3.0)	1 (2.2)	2 (4.7)	0	0	0
Unclear[a]	50 (49.0)	16 (34.8)	26 (60.5)	1 (100)	5 (50.0)	2 (100)
Is social care provision reviewed?						
Yes	29 (28.4)	15 (32.6)	10 (23.3)	0	4 (40.0)	0
Mostly	1 (1.0)	1 (2.2)	0	0	0	0
Sometimes	0	0	0	0	0	0
No	1 (1.0)	1 (2.2)	0	0	0	0
Unclear[a]	71 (69.6)	29 (63.0)	33 (76.7)	1 (100)	6 (60.0)	2 (100)
Are peer supporters involved in delivery of social care?						
Yes	41 (40.2)	20 (43.5)	17 (39.5)	0	4 (40.0)	0
Mostly	0	0	0	0	0	0
Sometimes	0	0	0	0	0	0
No	60 (58.8)	25 (54.3)	26 (60.5)	1 (100)	6 (60.0)	2 (100)
Unclear[a]	1 (1.0)	1 (2.2)	0	0	0	0

[a]Not enough information to determine.

[b]The percentage of reports classified within each category of assessment within each prison grouping.

[c]The number of prisons that had referrals for social care assessments was seventy-seven, from which 'Yes' (*N* = 73); 'Clear referral pathways but no referrals' (*N* = 2); 'Referral pathways unclear' (*N* = 2).

and female categories of prisons (54.3 per cent and 50.0 per cent respectively developed social care plans, 32.6 per cent and 40.0 per cent respectively reviewed social care provision), followed by male lower category prisons (34.9 per cent developed social care plans and 23.3 per cent reviewed social care provision). We found no statistically significant differences in the proportions of higher and lower category male prisons delivering these different aspects. The numbers of female and YOIs were too low to make meaningful comparisons (see Supplementary File 2).

Many people were involved in referrals, assessments, care plans and reviews (see Table 2). For referrals, these included: a combination of self-referral or referrals from providers from one single sector (15.7 per cent) and providers from multiple sectors (10.8 per cent). For social care assessments, these included: council staff members (21.6 per cent), social care staff (14.7 per cent) and providers from multiple sectors (11.8 per cent). For care plans, these included social care staff (4.9 per cent). For reviews, these included: providers from multiple sectors (3.9 per cent), social care staff (2.9 per cent) and health care staff (2 per cent). Yet, many reports did not specify who made referrals (20.6 per cent), assessments (18.6 per cent), care plans (30.4 per cent) or reviews (16.7 per cent).

Who delivered social care?

Social care was delivered by a range of providers (see Table 2), including: commissioned care providers (external organisations) (34.3 per cent where providers are known), providers from multiple sectors (12.7 per cent), health care staff (10.8 per cent) and social care staff (10.8 per cent). Many different external provider organisations—private and voluntary sector—were reported. Eight reports did not specify who social care was delivered by and seventeen reports were unclear.

What peer support initiatives are used for social care?

Over a third of prisons (41 reports, 40.2 per cent) reported peer support initiatives, in which other prisoners were involved in the delivery of social care at their institution (see Table 1). There is no notable relationship between the reported use of peer support workers and prison category, although sample sizes for some categories were low making it difficult to detect any relationship that may exist.

Different types of peer support initiatives for social care were used (see Table 3). Examples of these peer support initiatives included: informal unsupervised peer support (19.5 per cent), buddy schemes (14.6 per cent), buddy schemes with training and supervision (14.6 per cent) and buddy schemes with training (12.2 per cent).

Table 2. Summary of who provides social care (based on 102 HMIP reports)

Provider of care	Who made referrals, *N* (per cent)	Who conducted assessments, *N* (per cent)	Who developed care plan?, *N* (per cent)	Who reviewed care?, *N* (per cent)	Who delivers social care?, *N* (per cent)
Providers from multiple sectors	11 (10.8)	12 (11.8)	2 (2.0)	4 (3.9)	13[d] (12.7)
Social care staff	1 (1.0)	15 (14.7)	5 (4.9)	3 (2.9)	11[f] (10.8)
Council	2 (2.0)	22 (21.6)	1 (1.0)	1 (1.0)	2 (2.0)
Health care staff	1 (1.0)	5 (4.9)	1 (1.0)	2 (2.0)	11[e] (10.8)
Commissioned care providers	3 (2.9)	3 (2.9)	2 (2.0)	0	35[c] (34.3)
Occupational therapist	0	8 (7.8)	0	1 (1.0)	2 (2.0)
Multidisciplinary team	1 (1.0)	0	2 (2.0)	2 (2.0)	1 (1.0)
Paid carer	0	0	0	0	1 (1.0)
Trained staff	0	0	2 (2.0)	0	0
Prison staff	4 (3.9)	0	0	0	1 (1.0)
Prisoners themselves	3 (2.9)	0	0	0	0
Prisoners themselves or providers from one sector[a]	16 (15.7)	0	0	0	0
Prisoners themselves or providers from multiple sectors[b]	5 (4.9)	0	0	0	0
Peer workers	1 (1.0)	0	0	0	0
Open referral (any source)	8 (7.8)	0	0	0	0
Unclear	0	2 (2.0)	3 (2.9)	0	17 (16.7)
Not specified	21 (20.6)	19 (18.6)	31 (30.4)	17 (16.7)	8 (7.8)
Not applicable	25 (24.5)	16 (15.7)	53 (52.0)	72 (70.6)	0
Total number of reports	102	102	102	102	102

[a]Including prison staff/health care staff/externally commissioned organisation/social care staff.
[b]Prison and health care team.
[c]Examples include: Private and voluntary sector organisations, for example Care UK, Change Grow Live, Care and custody Ltd, CHCP, Advanced healthcare, Sodexo, Spectrum, GS4, IC24, Better healthcare, Network, Virgin Care or agency workers.
[d]Examples include: Health care staff and social workers together (e.g. OT and social worker, health care staff, social worker and OT, health care provider + social care staff)/Council + commissioned provider/Commissioned care providers and health care staff/Commissioned care provider and social care staff/Council and prison staff/Prison staff, health care staff and social care staff/Council and health care staff/Commissioned provider, health care and social care staff.
[e]Examples include: NHS trust/health care staff/health care assistant/nurse/nurse and health care assistants/health care support workers.
[f]Examples include: social workers (e.g. those provided by the council or agency social workers), social care staff, social care assistants and care workers.

Table 3. Summary of peer support initiatives for social care in adult prisons in England and Wales (based on HMIP reports)

Category of peer support	Description	Reports ($n = 41$), *N* (per cent)	Reports
Buddy schemes with training, supervision and clear guidelines	Buddy scheme whereby prisoners help other prisoners with tasks such as non-intimate care and daily activities. These buddies had a clear job specification, received training and supervision.	2 (4.9)	Low Newton (2018), Manchester (2018)
Buddy schemes with training and supervision	Buddy scheme whereby prisoners help other prisoners with tasks such as non-personal care and daily activities. These buddies received training and regular supervision for their role.	6 (14.6)	Belmarsh (2018), Dartmoor (2017), Isis (2018), Rye Hill (2019), Usk and Prescoed (2017), Wakefield (2018)
Buddy schemes with training	Buddy scheme whereby prisoners help other prisoners with tasks such as non-personal care, daily activities, mobility and access to services. These buddies received training for their role.	5 (12.2)	Exeter (2018), Lancaster Farms (2018), Leicester (2018), Northumberland (2017), Onley (2018)
Buddy schemes with supervision	Buddy scheme whereby prisoners help other prisoners with non-intimate care. Prisoners were risk assessed and supported in roles.	3 (7.3)	Bullingdon (2019), Send (2018), Isle of Wight (2019)
Buddy schemes with guidelines	Buddy scheme whereby prisoners help other prisoners with duties such as cleaning cells and collecting food. These buddies have a basic job description and were vetted for the role.	2 (4.9)	Garth (2019), Ashfield (2019)
Buddy schemes	Buddy scheme whereby prisoners help other prisoners with various activities including daily activities, mobility issues, non-intimate care—however, these roles received no training or supervision.	6 (14.6)	Channing Wood (2018), Elmley (2019), Gartree (2017), Lindholme (2017), North Sea Camp (2017), Rochester (2017)
Paid carers	Paid prisoner carers who conducted activities such as buying meals, cleaning cells and helping with laundry.	2 (4.9)	Lewes (2019), Ranby (2018)
Buddy schemes with training + paid carers	Two types of peer support initiative: Buddy schemes with training (see description above) Paid carers (see description above)	1 (2.4)	High Down (2018)
Social care peer representatives + Informal,	Two types of peer support initiative: Social care peer representatives (two social care peer	1 (2.4)	Featherstone (2018)

(continued)

Table 3. (continued)

Category of peer support	Description	Reports ($n = 41$), *N* (per cent)	Reports
unsupervised peer support	representatives helped prisoners make support needs known by seeing all new arrivals) Informal, unsupervised peer support (see description below)		
Health and well-being champions	Health and well-being champions who were peer workers saw prisoners in reception and asked health-related questions in order to refer to health and social care services (breaching patient confidentiality and thus stopped during inspection)	1 (2.4)	Foston Hall (2019)
Development of scheme (not yet in place)	Development of a scheme not yet in place. The scheme will consist of buddies being trained to support others with low level social care needs.	3 (7.3)	Spring Hill (2017), Styal (2018), Wormwood Scrubs (2019—plans to recruit buddies)
Independent living assistant	One trained independent living assistant who lives among the prisoner population	1 (2.4)	Altcourse (2017)
Informal, unsupervised peer support	Prisoner acting informally as another prisoners' helper (for social care), but no training, system or oversight of this role.	8 (19.5)	Bedford (2018), Bristol (2019), Hewell (2019), Hollesley Bay (2018), Lincoln (2019), Standford Hill (2019), Stocken (2019), Wandsworth (2018)

One additional report specified including paid carers, but it is not clear whether these are part of a peer support initiative and therefore this report (Dovegate, 2019) is not included in this total.

Peer support initiatives varied substantially in the extent to which formalities are in place for these peer support initiatives. For example: some peer initiatives were structured with relevant support, training and job specifications in place, whereas other schemes were more informal.

What social care indicators are relevant to adult prisons in England and Wales?

Qualitative findings

Most reports specified the same social care indicators for individual prisons. These indicators focused on ensuring that services meet health, social care and substance use needs whilst promoting care continuity for health and social care upon release. The reports highlight that patients should be receiving the same levels of care that they would receive in the community. Some reports included descriptions of whether social care provided met the needs of prisoners. However, these descriptions were often minimal and inconsistent.

Quantitative findings

HMIP survey findings provided other indicators relating to social care provision in prison (or upon release) (see Supplementary File S1), including social care support for those considered to have a long-term disability, and social care expectations upon release (see Table 4).

Of prisoners who considered they had a disability, 29 per cent reported that they were receiving the support they needed (Table 4). Although the proportion was higher for female prisoners (31 per cent) compared to males (28 per cent) this is not a significant difference ($p = 0.18$—see Supplementary File 4). Compared to other categories of male prison, category D prisons had fewer respondents who considered they had a disability (19 per cent) but had a significantly larger proportion of those with a disability reporting that they received the support they needed (42 per cent compared to 28 per cent, $p < 0.001$—see Supplementary File S3).

On release, just 22 per cent of prisoners reporting that they expected to need social care support considered they would actually receive it (Table 4). For male prisoners this proportion was 20 per cent which was significantly lower than the corresponding proportion of female prisoners (31 per cent, $p = 0.003$). Although there was a higher proportion of these prisoners expecting to receive support being released from category D prisons (29 per cent), the numbers were too low to determine any notable difference that may exist.

Table 4. Survey responses by prison category relating to the receipt of support within prison for prisoners with a disability and expected receipt of social care on release

Category of prison	Support for prisoners who consider themselves to have a disability				Needs and social care support upon release from prison			
	Total responses[a]	Number who consider they have a disability[b] (percentage of responders)	Number receiving the support needed (percentage of those with a disability)	Number of reports	Total prisoners expecting to be released[c]	Number expected to need social care support (per cent)	Number expected to receive social care support (percentage of those needing support)	Number of reports
A	498	174 (35)	50 (29)	3	97	36 (37)	7 (19)	3
B	6,115	2,418 (40)	595 (25)	38	1,241	543 (44)	93 (17)	36
A/B	496	161 (32)	57 (35)	3	3	3 (100)	0 (0)	2
C	4,715	1,546 (33)	461 (30)	29	866	323 (37)	82 (25)	25
D	1,398	260 (19)	109 (42)	9	189	31 (16)	9 (29)	6
B/D	183	44 (24)	11 (25)	1	0	0	0	0
C/D	148	49 (33)	28 (57)	1	26	7 (27)	1 (14)	1
Total male	13,553	4,652 (34.3)	1,311 (28.2)	84	2422	943 (38.9)	192 (20.4)	73
Female	1237	560 (45)	173 (31)	9	344	151 (44)	47 (31)	9
YOI for adults over 18	297	74 (25)	26 (35)	2	103	30 (29)	8 (27)	2
Total	15,086	5,286 (35.0)	1,510 (28.6)	95	2,869	1,124 (39.2)	247 (22.0)	84

Her Majesty's Inspectorate of Prisons reports (2017–2020).
[a]Responses to the question about disability.
[b]Long-term physical, mental or learning needs affecting day-to-day life.
[c]From prisoner responses to the survey.

Discussion

Key findings

Provision of social care varies across prisons in England and Wales as reported by HMIP reports (Her Majesty's Inspectorate of Prisons, n.d.). The most frequently delivered aspects of social care were assessment of social care needs (81.4 per cent of prisons) and referrals for social care (75.5 per cent of prisons). Many prisons (40.2 per cent) included peer support initiatives to provide social care; ranging from formal to informal. We found no notable differences between categories of prison and their delivery of social care, including use of peer support, although sample sizes for some categories were low making it difficult to detect any relationship that may exist. Social care was most frequently delivered by externally commissioned care providers. As recommended in the inspection reports, social care provision in prisons should mirror that in the community but it was not possible to determine from the reports whether this has been achieved. Findings indicate a large gap between need for social care and provision of social care (across all prisons, only 29 per cent of prisoners who reported disabilities got the support they needed), with significantly more (42 per cent) receiving support within category D prisons. Across reports, there was a lack of consistency of reporting. There is a need to standardise reporting of social care provision. We have provided suggestions of how reporting could be improved.

How findings relate to previous research

Our findings highlighted variation in how social care is currently delivered in prisons (e.g. care plans and reviews). These findings suggest that despite recommendations for assessments and care plans to be implemented, these are not currently implemented consistently across all prisons (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). This finding is consistent with previous research which has highlighted variability in social care provision across different local authorities (Tucker *et al.*, 2018). Findings indicate that there may be a need to standardise social care responses; particularly given previous research on the negative impact of a lack of social care on prisoners' daily functioning (Tucker *et al.*, 2021).

Our findings show that many prisons commission external organisations to provide social care, or that social care is delivered by providers from prison, health care or social care sectors. Whilst our findings reduce some ambiguity surrounding who is responsible for social care provision in prisons in England and Wales (Senior *et al.*, 2013), it is not fully known how many of these providers are appropriately trained

professional staff (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018).

Over a third of prisons included peer support initiatives. This may indicate that peer support workers contribute to social care provision in prisons, as outlined in previous research (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018). We found that peer support initiatives do not replace social care provision, but supplement it. Our findings extend previous research by outlining different types of peer support initiatives for social care provision (ranging from informal to formal). Our findings concur with previous research which outlines the importance of training prison peer support workers (Stewart and Lovely, 2017), but demonstrates that the regulation of peer support roles does not always happen in practice.

Despite recommendations on the importance of assessments, care plans and provision of social care by trained professionals (Her Majesty's Inspectorate of Prisons and Care Quality Commission, 2018), not all reports provide enough detail to fully understand what social care is provided within each prison. Additionally, the reports do not provide enough detail to determine whether or not prisons meet the social care needs of their prisoners. Therefore, it was not possible to fully understand how social care is fully delivered in prisons in England and Wales and some of the findings may not fully represent the provision of social care. Standardised reporting on the implementation of social care aspects may be needed.

Limitations

This review focused on social care provision within adult prisons in England and Wales. We only included reports that were inspected between 2017 and 2020. However, our sample of 102 reports included the majority of adult prisons in England and Wales, therefore enhancing the generalisability of our study.

Our findings focus solely on social care as we have not reviewed other aspects of care provision within prisons in England and Wales. Additionally, the findings are limited to the information and wording reported in the HMIP reports. It is possible that actual social care delivery may differ from what is reported (e.g. if details are missing).

For our analysis of social care indicators, we relied on the survey findings provided in the reports. However, the survey questions used were subjective and only reflect perceived needs and expectations of the prisoners. Some of the HMIP reports indicate that the number of prisoners who consider themselves to have a disability may be higher than the number identified by prison authorities.

One limitation is that the initial interpretation of findings was carried out by single researchers (one researcher interpreted qualitative findings relating to descriptions of social care and one researcher interpreted quantitative findings relating to indicators of social care), therefore there could be some subjectivity in the categorisation of reports into 'yes'/'sometimes'/'no'/'unclear'. However, findings and conclusions were discussed and agreed by the whole research team.

A further limitation is that our study only covered prisons in England and Wales. Therefore, prisons in other areas of the UK were not included. Our findings therefore can only be generalised to England and Wales.

Implications

Our documentary analysis outlined different types of social care provision in prisons in England and Wales. Findings of this analysis may inform research-based evaluations of prison social care models (e.g. types of peer support initiatives). This could help to improve social care provision in prisons.

Our findings outlined limitations of reporting within HMIP reports. Our findings could help to improve the reporting of social care within HMIP reports in future. Our five recommendations to improve transparency, facilitate comparisons of social care provision across prisons and support research evaluations are shown in Box 1.

Future research

Findings highlight a number of avenues that could be explored in future research.

Social care delivery varies substantially across prisons in England and Wales. Further research is needed to explore potential ways to reduce variations in delivery of social care in these two countries based on their needs. The current research does not indicate which peer support initiatives are most feasible, effective or cost effective for supporting social care provision in prison. Therefore, mixed-methods applied research is deemed necessary for evaluating the effectiveness of peer support initiatives is therefore needed.

Further research is also needed in order to operationalise social care indicators as there was not enough information within HMIP reports to determine whether the social care provided meets the needs of this population or whether it mirrors community social care provision.

Box 1. Recommendations for HMIP reporting for social care in adult prisons in England and Wales Reports should:

1. Clearly outline whether aspects[a] of social care are implemented in prison settings.
2. Clearly outline who is responsible for aspects[a] of social care in prison settings.
3. Provide details on how the aspects[a] of social care are implemented in prisons (where available).
4. Provide detailed descriptions of roles, training[b], supervision and guidelines (for both social care providers, and peer support workers).
5. Consider including additional survey questions[c] on social care received in prison and consistently report on:
   a. whether prisons meet the social care needs of their population
   b. whether the social care offered is consistent with the social care provision in the community.

Note: [a]Aspects include: referrals for social care assessments, assessments of social care needs, development of care plans for social care, review of social care provision, delivery of social care by trained professionals, delivery of social care by peer support workers.
[b]For example, instead of 'trained providers', reports could include a description of the training given.
[c]Whilst there are questions around social care upon release, types of training and support for people living with disabilities, there are currently minimal questions which focus specifically on social care provision. Therefore, these questions are currently difficult to interpret in relation to social care.

Conclusion

Social care provision varies across prisons in England and Wales; with some aspects of social care being delivered more frequently than others. The most frequently reported providers of social care were externally commissioned care providers. Many prisons included peer support workers to provide social care; ranging from formal to informal. Prison inspection reports highlight that social care provision should mirror community social care provision, but it was not possible to determine whether this has been achieved. There is a need to standardise reporting of social care provision within HMIP reports. We have provided five recommendations of how reporting could be improved.

Ethical approval

As this is a review of reports that are already in the public domain, this study does not require ethical approval.

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