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Extended Research Article

Peer support for adult social care in prisons in England and Wales: a mixed-methods rapid evaluation

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Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language which may offend some readers.

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This article

The research reported here is the product of an HSDR Rapid Service Evaluation Team, contracted to undertake real time evaluations of innovations and development in health and care services, which will generate evidence of national relevance. Other evaluations by the HSDR Rapid Service Evaluation Teams are available in the HSDR journal.

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RSET: The Rapid Service Evaluation Team

The Rapid Service Evaluation Team ('RSET'), comprising health service researchers, health economists and other colleagues from University College London and the Nuffield Trust, have come together to rapidly evaluate new ways of providing and organising care. We have been funded by the National Institute for Health and Care Research (NIHR) Health Service and Delivery Research (HS&DR) programme for five years, starting on April 1st 2018.

RSET are completing rapid evaluations with respect to:

1. The **impact of services** on how well patients do (e.g. their quality of life, how likely patients are to recover);
2. Whether services give people the **right care at the right time**;
3. Whether these services are good **value for money**;
4. How changes are put into practice, and what patients, carers, and staff think about how the changes happened and whether they think the changes **made a difference**;
5. What **lessons** there are for the rest of the NHS and care.

Abstract

Background: More adults in prison need social care support. In some prisons, prisoners ('buddies') are trained to provide social care support for non-personal care tasks to other prisoners. These services are not mandated but have been proposed as a solution to support social care provision in prisons.

Previous research explored delivery of peer support initiatives in prisons, but there has been little research evaluating the effectiveness, implementation and experience of social care peer support. There is a need to establish how best to measure the impact and cost of peer support schemes for social care in prisons in England and Wales.

Objective: To evaluate peer support schemes for adult social care in prisons in England and Wales (including implementation, experiences, risks and benefits, outcomes and costs, available data, and how to measure impact and cost).

Methods: A rapid mixed-methods study, including a rapid systematic scoping review (n = 70 papers), a documentary analysis of 102 His Majesty's Inspectorate of Prisons reports, and a multisite study of implementation and experience. The multisite study included 1 workshop with national and local stakeholders (n = 13) and 71 interviews with national and local leads (n = 7), prison leads from 18 prisons (n = 20), staff (n = 7), peers (n = 18) and recipients (n = 19) from 5 prisons. Qualitative analysis took place in two phases: (1) rapid analysis (using rapid assessment procedure sheets) and (2) in-depth thematic analysis. We analysed availability of data to measure impact and cost of services.

Results: 'Buddies' are frequently used in prisons in England and Wales, filling an important gap in social care provision. Implementation varies, due to service, prison, staff and prisoner factors. Prison service instruction guidelines for peer-supported social care are not consistently being implemented. This study identified areas for improvement, for example the need for formal training for buddies and staff, and the need for clear standardised employment procedures.

Buddy schemes are valued by staff, buddies and recipients. Some barriers were identified, for example, lack of peer and staff training and supervision, and prison regime.

Peer-supported social care may have wide-reaching benefits, yet there are several risks for recipients and buddies that must be mitigated, including the potential for exploitation of the role by staff, buddies and recipients.

It is currently not possible to evaluate impact and cost due to limited data. We have developed an evaluation guide which outlines operational, cost and outcome data that needs to be collected to enable regular monitoring and/or evaluation in future.

Limitations: There is a lack of data collected on impact and cost, so we were unable to measure effectiveness and cost in this study. Instead, we developed an evaluation framework to inform future impact and cost evaluations.

Future work: National standards for peer-supported social care (including national data infrastructure) would enable robust monitoring and evaluations of effectiveness and cost-effectiveness of peer support for social care.

Conclusions: Peer support services are well received by different stakeholders, but standardisation is needed to ensure they are sufficiently resourced and appropriately monitored and evaluated to mitigate against risks.

Study registration: This study is registered as researchregistry8783.

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Supplementary material can be found on the NIHR Journals Library report page (https://doi.org/10.3310/MWFD6890).

Supplementary material has been provided by the authors to support the report and any files provided at submission will have been seen by peer reviewers, but not extensively reviewed. Any supplementary material provided at a later stage in the process may not have been peer reviewed.

List of abbreviations

ACE Programme	AIDS, Counselling and Education Programme
ADASS	Association of Directors of Adult Social Services
CARE Programme	Counselling, AIDS, Resource and Education Programme
COVID-19	coronavirus disease discovered in 2019
CQC	Care Quality Commission
DSH	Data Safe Haven
EP:IC consultants	empowering people: inspiring change consultants
HES	Hospital Episode Statistics
HIV	human immunodeficiency virus
HMIP	His Majesty's Inspectorate of Prisons
HMPPS	His Majesty's Prison and Probation Service
HSA	Health Security Agency
IRS	incident reporting system
PPIE	patient and public involvement and engagement
PRISMA	Preferred Reporting Items for Systematic Reviews and Meta-Analyses
PSI	prison service instruction
RAP sheets	rapid assessment procedure sheets
RSET	Rapid Service Evaluation Team
SPOC	special point of contact
SUS	secondary users service
UCL	University College London
YOI	Young Offender Institutions

Plain language summary

The problem

- Many adult prisoners need social care support (help with daily tasks).
- Some prisoners (called 'buddies') help others with tasks, such as cleaning their cells and collecting meals.
- No research has looked into this, meaning that we do not know what different people think of peer-supported social care, how it works and how to measure it.

We looked at

We looked at social care peer support in prisons in England and Wales, including:

- What support is provided.
- How peer support services are used.
- How people feel about these services.
- How we could measure impact and cost of these services.

What we did

- We looked at existing evidence (e.g. social care information provided in prison inspectorate reports and publications on peer support in prisons).
- We spoke with 20 people in charge of these services in 18 prisons, 7 staff members, 18 'buddies' and 19 prisoners who get help in 5 prisons.
- We held 7 interviews and a workshop with 13 people from different organisations (such as His Majesty's Prison and Probation Service, local charities).

What we found

- Many prisons have 'buddies' who help with non-personal social care tasks (such as cleaning cells).
- Services vary in different prisons (e.g. due to the type of prison, and partnerships between local authorities and prisons).
- Staff, buddies and recipients liked and valued peer-supported social care, but identified issues, such as a lack of training for peers and staff.
- Peer support has benefits, such as saving staff time, skills for buddies and promoting independence for those receiving support.
- There are risks for recipients and buddies (e.g. bullying, burden and risks of being exploited).
- There are not enough data to tell whether services work or save money.
- We suggest what data need to be collected to evaluate services in future.

Conclusion

These services are well received, but to overcome challenges we need:

- National guidelines on how they should be used.
- Regular monitoring.

Scientific summary

Background and rationale

The number of those in prison requiring social care support has increased in recent years due to factors such as longer sentences, an ageing prison population, and an increased reporting of historic offences. This has led to many adults in prison needing social care support (personal and practical care and support) for a range of conditions. The Care Act in 2014 provided clarity regarding local authority and prison responsibilities for the assessment and provision of social care (e.g. personal care tasks such as help with dressing and showering). In some prisons, prisoners are providing social care support for non-personal care tasks to other prisoners (called 'buddies'). While these services are not mandated nationally, they have been proposed as a recommended solution to support social care provision in prisons.

Previous research has explored the delivery of wider peer support initiatives in prisons, but there has been little research to date evaluating the effectiveness, implementation and stakeholder experience of peer support schemes for social care. In addition to this, there is a need to establish how best to measure the impact and cost of peer support schemes for social care in prisons in England and Wales.

This study sought to fill these gaps and evaluate peer support schemes for adult social care in prisons in England and Wales, looking at the following questions:

1. What evidence on peer support schemes in prisons in general (including health, social care and educational needs) exists internationally (in relation to impact, cost, implementation and experience), what outcomes have been explored, and what data have been used?
2. What social care is provided in adult prisons in England and Wales, and to what extent are peer support schemes for social care used in prisons in England and Wales?
3. How are peer support schemes for social care implemented in adult prisons in England and Wales? What factors influence implementation?
4. What are the experiences of those delivering and/or receiving peer-supported social care in adult prisons in England and Wales? What are the risks and benefits? Do experiences differ across different models of peer support?
5. What are the outcomes and costs of peer-supported social care? What data are available to measure impact and cost?
6. How could impact and cost of peer support schemes for social care in prisons in England and Wales be evaluated in future?

Methods

A rapid mixed-methods study, comprising of a rapid systematic scoping review, a documentary analysis of His Majesty's Inspectorate of Prisons (HMIP) reports, a multisite study of implementation and experience (staff, peers and recipients), using interviews with national and local leads, prison leads (18 prisons), staff, peers and recipients (5 prisons), a workshop and a cost survey. Rapid assessment procedures were used to conduct rapid analysis of qualitative data. Following this rapid analysis, a combination of inductive and deductive thematic analysis was used to conduct an in-depth analysis of findings.

This evaluation analysed what data are available to measure impact and cost; however, it was unable to explore effectiveness and cost-effectiveness of peer support schemes. Therefore, these findings relate to implementation and what should be considered in situations where peer support services for social care are used or implemented in future.

Results

Sites and participants

Twenty prisons were selected to take part in the study, and 18 prisons participated. We conducted interviews with 7 national and local leads, 20 prison leads across the 18 prisons, and 7 staff, 18 peers and 19 recipients in the 5 case study sites. We held a workshop with 13 national and local stakeholders.

Social care provision

The documentary analysis of 102 HMIP reports outlined that social care provision varies in England and Wales and that some aspects of social care are more frequently reported (e.g. assessments of referrals) and others less frequently reported (e.g. care plans and reviews). There are gaps between the need for social care and provision of social care. There is a lack of consistency of reporting across HMIP reports.

Interview findings also highlighted it is difficult to estimate the number of people with social care needs in prisons in England and Wales due to no nationally collected data. Certainly, numbers varied across different types of prisons and a wide range of groups of individuals require social care support. Different models of social care were used but most involved a partnership between local authority and prison and different providers are involved at different stages of the social care pathway.

A range of factors influence the delivery of social care in prisons in England and Wales, including (1) dedicated social care roles, (2) collaboration between prisons and local authorities, (3) having clear processes and procedures for social care, and (4) availability of resources. These factors contextualise the implementation and factors influencing implementation of peer support schemes for social care.

Peer support in prisons more generally

The review of 70 studies of peer support in prisons highlighted that a variety of peer support programmes are used in prisons internationally to support a range of 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, and improved knowledge and skills) were identified, but limitations in the quality of data were evident. No studies measured cost-effectiveness. Individual level factors, service level factors, and organisational factors influenced implementation of peer support schemes. The review identified a range of benefits and risks associated with peer support (e.g. burden and confidentiality). Different methods were used to measure effectiveness (e.g. surveys and cohort studies), implementation and experience (e.g. interviews, surveys and observation).

Peer-supported social care

The documentary analysis revealed that peer support services for social care are frequently used (40% of 102 reports), ranging from formal to informal unsupervised schemes.

Interview findings demonstrated that peer support services for social care have been developed and implemented in prisons in England and Wales to formalise the otherwise informal support provided by prisoners and in response to the Care Act (2014) and perceived rising social care needs. Most prisons implemented formal peer support schemes, although some informal schemes were also identified. Implementation varied, as did leadership models and governance processes. Findings indicated that implementation of peer support may not consistently follow guidance recommended in the prison service instructions (PSIs). There were some examples of good practice identified, but none of the prisons had clear processes in place for buddies in respect of all aspects of employment and training, and some prisons had no formal training for buddies. Additionally, buddies do not always receive the training on offer.

Staff, buddies and recipients reported positive views of peer support schemes demonstrating their value in prisons in England and Wales. Buddies and recipients generally felt safe, but did highlight some risks. In the site without formal peer support, recipients still highlighted social care needs being 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 for staff and buddies, attitudes of staff and prisoners, and processes and procedures. Key attributes of peer supporters for social care were identified.

Benefits and risks

Peer support services for social care have a range of benefits for the wider society, prison, staff, buddies and recipients. However, several risks were identified that need to be mitigated against. The most frequently reported risks include risks to recipients (e.g. safeguarding concerns or issues, risks of bullying, accusations of stealing, buddies overstepping boundaries, and dishonesty), risks to buddies (e.g. burden and emotional risks) and exploitation of role by staff, buddies and recipients (e.g. facilitating trafficking of contraband or being asked to do things not part of the role).

Factors influencing implementation

Implementing peer-supported social care is influenced by a range of factors, including service factors (e.g. resources and collaboration between organisations), prison factors (e.g. prison regime and turnover of buddies), staff factors (e.g. attitudes and awareness) prisoner factors (e.g. role desirability, need and attitudes).

Impact and cost measurement

Workshop findings indicated that no routine national data are collected on peer-supported social care in prisons. Some local data are collected (e.g. by local authorities), but this is not widespread and data collected are often operational. There is a lack of data with which to measure benefits and risks. Additionally, data gaps affect the ability to measure impact on prisoners, staff and prisons.

Cost data collected locally by prisons are limited and infrequently collected. Therefore, calculating the cost per prisoner receiving peer support and cost of the service more generally is not possible or feasible due to the availability and quality of the data.

Towards monitoring and evaluating peer-supported social care

Together, findings indicated that to evaluate peer-supported social care in future there needs to be some national standards developed. These national standards should include guidance on the data needed to enable monitoring of these national standards, and therefore evaluation of effectiveness, cost-effectiveness, implementation and experience. We have developed an evaluation guide that outlines operational, cost and outcome data that need to be collected to enable regular monitoring and/or evaluation in future.

Limitations

The study included a large sample of prisons, but we were able to include only a sample of staff, buddies, recipients, and national and local stakeholders within each. Additionally, the sample was more representative of older adults and may not represent all types of social care need. Therefore, these findings are not representative of all prisons and all staff, buddies and recipients.

Additionally, there is a lack of data collected on the impact and cost of peer-supported social care schemes in prisons in England and Wales. This is, in part, because there is no formal monitoring and evaluation of their effectiveness, lack of agreement as to what a good peer support programme should look like, and the non-standardisation of the buddies' payments. As a result of these limitations, we were unable to measure effectiveness and thorough costs in this study. Instead, we developed an evaluation framework to inform future impact and cost evaluations.

Conclusions

Peer support services for social care are widely used in prisons in England and Wales. Implementation of these schemes varies due to a range of service, prison, staff, and prisoner factors. There were some examples of good practice identified, but none of the prisons had clear processes in place for buddies for all aspects of employment and training (buddies and staff), and some prisons had no formal training for buddies. Additionally, buddies do not always receive the training on offer. Staff, buddies and recipients value peer-supported social care, however there were some challenges that need to be overcome to facilitate the delivery and receipt of social care peer support, for example a need to ensure that peers are recognised for their role and that peers and staff are adequately trained. Peer-supported social care

may have wide-reaching benefits, yet there are a number of risks that must be mitigated. It is currently not possible to evaluate impact and cost of peer-supported social care due to limited data.

The findings from this study outline implications that should be considered if peer-supported social care services are to be implemented in prisons in England and Wales. For example, national standards need to be developed for peer-supported social care programmes. These should also include guidance on the data prisons need to collect to enable monitoring of these standards, and therefore evaluation of effectiveness, cost-effectiveness, implementation and experience. To monitor and evaluate peer support schemes for social care, we have proposed an evaluation framework. Implications for managing risk, improving implementation, and improving delivery and receipt of peer-supported social care are also outlined.

The development of national standards for peer support services for social care (which includes the development of a national data infrastructure) would enable future research to conduct a robust evaluation of effectiveness and cost-effectiveness of peer-supported social care, and monitor against national standards. This would enable further analyses regarding optimal service design and impact on inequalities.

Study registration

This study is registered as researchregistry8783.

Funding

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Chapter 1 Context

Background

Prison population and increasing needs

Globally, the number of people being imprisoned has increased by 24% over the last 20 years.[2] Across the world, it is estimated that currently over 11 million people (adults and children) are in prison.[2,3] Worldwide, the majority of those in prison are men.[2] However, the prevalence of imprisonment for certain groups has been increasing, including women,[2] individuals from ethnic minorities[2] and older adults.[2,4–7]

A key public health challenge is that those in prison experience significant health inequalities compared to individuals in the community.[8] Some of these inequalities may have been exacerbated by conditions prior to prison, including economic deprivation, poor housing or homelessness, low levels of education and employment,[8,9] or conditions experienced in prison (including overcrowding and having a lack of control over their diet, activity levels and sleep).[8,9]

Further inequalities have also been highlighted with regard to prisoners' physical health, mental health and social care needs.[2,8,10] Prisoners have been found to have higher prevalence of communicable diseases including tuberculosis, hepatitis C and human immunodeficiency virus (HIV).[2,8,10] Additionally, those in prison have disproportionately higher levels of mental health conditions than those in the community;[2,8,10] many of which may have been exacerbated by restrictions (inside and outside of prison) imposed due to the COVID-19 pandemic.[2] Additionally, substance misuse, self-harm and suicide are more common within prison populations than general populations.[2,8,9,11]

A number of factors have also led to increased social care needs in prison. These include prison sentences getting longer[12,13] and an ageing prison population.[14] There has also been increased reporting of historic sexual offences following the sentencing of prominent public figures for historical sex offences (termed the 'Yewtree effect').[15] This has resulted in increased prosecutions of older adults being sentenced to prison terms – sometimes when already in their 70s or 80s. As of 2022, reports estimated that 17% of the prison population were over 50.[13] Additionally, many adults in prison also have a range of conditions which require social care support (such as dementia, autism, learning disabilities and frailty).[4–6,16,17]

Due to these health inequalities, it is necessary to ensure that prisoners are receiving appropriate support for their physical health, mental health and social care needs. However, prison settings face challenges relating to overcrowding, under-staffing, lack of funding, and security and operational constraints.[2,9,13]

Adult social care in prisons

Defining adult social care

Adult social care is often discussed in relation to older adults, but individuals of any age may require social care support.[18,19] The definition of adult social care is:

> *The provision of personal and practical care and support that people may need because of their age, illness, cognition, disability or other circumstances. It also includes support for family members or other unpaid carers.*[20]

Adult social care may be needed for a range of conditions and needs, including physical health disabilities, learning disabilities, autism, frailty, mental health conditions, sensory impairments, substance misuse, dementia and other

long-term conditions.[18,19] Social care support may be long term (e.g. to support with dementia or another long-term condition) or short term (e.g. following a hospital stay).[18,19] Social care provision covers a wide range of support activities, including personal care tasks (such as washing, dressing, toileting, feeding and getting out of bed) but also non-personal care tasks (such as supporting someone to maintain independence and engage in domestic activities of daily living and communication).[18,19,21] Improving social care in prisons is a current policy priority throughout the UK, and provisions in the Care Acts were introduced specifically to clarify the responsibilities of local councils to address the social care needs of people living in prisons in their areas.[22–25]

Provision of social care support in prisons in England and Wales

Prior to 2014, there was little clarity over which organisations (local authorities, prisons or healthcare providers) were responsible for the provision of social care in prisons. This changed when the Care Act was introduced in 2014 and clarified roles and responsibilities.[22] The Care Act specified that the local authority where the prison is located is responsible for the assessment and provision of social care to prisons.[22] Prisons also have responsibilities to support individuals with support that they would require in the community, including access to food, accommodation and a safe environment (see *Chapter 7*).

The prison service instruction (PSI) for adult social care (Probation Instruction 03/2016)[26] highlights that, from April 2016, local authorities in England and Wales have a responsibility to assess and meet the social care needs of prisoners requiring social care support. It outlines that prisons must identify social care needs and work in partnership with the prisoners, local authorities, and prison healthcare services to put a care plan in place, and provide support to meet these needs. However, the PSI states that adult social care provision is not prescriptive and that it may vary across prisons. For example, who provides care may differ depending on each local authority, with some local authorities commissioning a bespoke care provider, other local authorities commissioning the healthcare provider in prison to provide social care, and some local authorities using community services to reach into prisons.[26] PSIs are policy and guidance documents, produced and managed by His Majesty's Prison and Probation Service (HMPPS), for prison professionals and probation professionals in England and Wales.[27] PSIs outline guidelines and mandatory actions set out by HMPPS that must be adhered to in relation to each policy.

How social care is funded in England and Wales

Social care in prisons is funded by the Social Care in Prisons grant; a grant provided by the Department of Health and Social care to 60 + upper-tier councils that have prisons in their area.[28] The amount allocated to each individual local authority differs depending on a cost formula based on factors, such as the prison function, category of the prison and each prison population's perceived needs.[29] Public records highlight that £10.95M was nationally allocated for the Social care in prisons grant in 2021–2,[28] and that costs allocated to individual local authorities for social care in prisons in England and Wales between 2021 and 2022 ranged from £10,716 to £674,187.[28] (Note: The amount paid to each local authority is subject to change each year and the calculation does not reflect social care assessments and support provided by each local authority.)

Gaps in social care provision

Policy documents indicate that social care in prisons should be broadly equitable to support that is provided in the community.[26] Despite policy initiatives to improve social care, findings from previous research indicates that social care needs are often unmet,[7,30–34] which has a large impact on individuals' daily lives, for example on their personal hygiene, and on their ability to move around the prison and develop and maintain relationships.[17] Additionally, findings have indicated that social care provision varies substantially in England and Wales.[16,35] Previous research revealed a gap between the need for social care and the actual provision of social care across prisons.[1] Challenges to social care provision in prisons have included difficulties identifying those with needs, difficulties sharing information, and difficulties co-ordinating care.[36] Many recommendations to improve social care in prisons have been proposed, including the provision of social care by trained peer support workers ('buddies').[16] While in the community a large proportion of social care may be provided by family and friends, this support is not available in a prison setting. Therefore, other innovative approaches have been developed to address this need in prison, one of which is peer support.

Peer support in prisons

Peer support workers are those who formally provide support to other prisoners.[37] Peer support services have been used in a range of settings, including offender health[38,39] and delivering non-personal social care to other prisoners in recent years.[16] Previous research found that 6.5% of 482 prisoners reported receiving peer support.[17] These initiatives may have many benefits for prisoners (such as increased confidence) and the wider prison (e.g. lower costs).[6,40,41] However, evidence of these benefits is hard to find. Findings from a review of effectiveness and cost-effectiveness of peer support schemes to support offender health in prisons highlighted that the methodological quality of studies is poor, thus limiting effectiveness and cost-effectiveness evaluations.[38,39]

Peer support workers need to have clear roles and receive training and supervision when supporting other prisoners in peer support social care roles,[5,16,37] but there is little consistency. This non-personal care may be equivalent to what is seen in the community in terms of family and friends providing non-personal care support to their loved ones (see *Defining adult social care* section for definitions of personal and non-personal social care).

A rapid prioritisation of adult social care innovations identified 158 innovations for adult social care that were being implemented throughout the UK.[42,43] One of the top five priorities for evaluation was the scheme in Greenwich prison for peer-supported social care for adults in which prisoners were trained to provide non-personal social care support to other prisoners.[42,43] This study builds on that report and the identified need to evaluate prison peer-supported social care.

Further, scoping work we have conducted has highlighted variation in the way that peer support social care services are organised. Some of the peer social care support models are led by a local authority, some are led in-house by prisons, and others have been supported and formalised by the charity sector (e.g. organisations such as Recoop, which have been involved in delivering training and/or supporting delivery of the scheme[44]).

Prison service instruction on peer-supported social care

Though peer support schemes for social care have not been mandated by the prison service, some guidance has been developed.[45] For example, the prison service has developed a PSI for peer support: Prisoners assisting other prisoners (PSI 17/2015).[45] This PSI was developed to provide guidance on peer support schemes in prisons. In relation to social care, the instruction states that local authorities have a responsibility for social care, and that care and support needs should be identified in a care and support plan. As part of this care plan, governors can mobilise adult prisoners to help other adult prisoners as needed. However, the PSI states that these peer support arrangements for social care should be governed by clear and consistent principles, and that there must be clear boundaries about the prisoner's role so that the peer supporter and the person supported are safeguarded. The key requirements outlined for peer support are highlighted below in *Table 1*.[45] The requirements outlined in the PSI relate to five key topics: (1) training and supervision; (2) boundaries; (3) clear employment processes; (4) collaborative working and (5) monitoring.

A further PSI that is relevant to peer support schemes for adult social care concerns adult safeguarding in prison (PSI 16/2015)[46] which highlights prisons' responsibility to protect adult prisoners from abuse (including physical abuse, emotional abuse, financial abuse, institutional abuse and sexual abuse) and neglect (failing to identify and meet needs of prisoners, e.g. ignoring care needs and failing to provide access to care).

Gap for this research

While previous research has explored the delivery of peer support initiatives in prisons, there has been little research evaluating the effectiveness, implementation and stakeholder experience of these initiatives. In addition to this, the lack of systematically collected cost-related data about peer support services does not allow their cost evaluation and, along with the limited research about effectiveness, explains the inadequate research about their cost-effectiveness. It is not clear which peer support initiatives are most feasible, effective or cost effective for supporting social care provision in prison and which approaches work best in different contexts.

TABLE 1 Summary of the guidelines outlined in the PSI on peer support, a summary of whether they apply generally or specifically for social care, and the topic that the instruction relates to

Prison service instruction[45]	General peer support or social care specific?	Topic PSI relates to
• The benefits of peer support must be explained to peers (mandatory)	General	Training
• Peers must not be relied on to provide care that is the responsibility of health and social care providers (mandatory)	General	Boundaries
• Peers and recipients must be made aware of the limits of peer support (i.e. what they are and are not allowed to do), and that these boundaries must be explained in a care plan (or if not, recorded locally) (mandatory)	General	Training, boundaries and monitoring
• Peers must be appropriately selected, risk assessed, trained, supported and supervised (mandatory)	General	Employment processes, training and supervision
• Peer support schemes should be formal arrangements in which peers are paid for their work or aware that they are acting as unpaid volunteers (mandatory)	General	Employment processes
• Peers and recipients must know of safeguarding policies and how to raise concerns should abuse or neglect arise (mandatory)	General	Training
• Peer support schemes may be supported by partner organisations but remain the responsibility of the prison (mandatory)	General	Collaborative working
• Peers must not provide intimate care (e.g. feeding, hygiene, toilet needs and dressing) for other prisoners or handle medication (mandatory), but are allowed to undertake personal care tasks (including transportation, transportation of food, cutting up food, helping to keep cell tidy, providing reminders about hygiene, reorganising cells, accessing work and recreational activities, helping prisoners raise concerns, moving and handling objects and furniture, helping prisoners to read)	Social care specific	Boundaries
• Discussions with all parties need to be undertaken to ensure that everyone is happy with the proposed task allocation (and this should be sensitive to cultural differences) (mandatory). If the recipient lacks mental capacity, decisions should be taken on the basis of the recipients' best interests by the prison lead for social care	Social care specific	Training
• All peers and recipients must be aware of the types of activities that are and are not appropriate (mandatory)	Social care specific	Training
• Prisoners must not provide assistance to other prisoners that they are in a relationship with (e.g. partner) (mandatory).	Social care specific	Boundaries
• While informal arrangements whereby prisoners help other prisoners may occur, if it becomes regular support due to health and social care needs, this should be escalated to the social care lead who must refer the person to the local authority (mandatory)	Social care specific	Employment processes, monitoring
• Peers and recipients must be protected from abuse and neglect (through selection, risk assessment, training, support and supervision arrangements) and must be made aware of definitions of abuse and neglect and how to report these (mandatory)	Social care specific	Training

Study aims

In this study, we aimed to evaluate peer support initiatives for adult social care in prisons in England and Wales.

Research questions

Research questions (RQs) for this study were developed through a series of scoping discussions with a range of stakeholders. Research questions for the empirical study were also informed by findings from the scoping process, the documentary analysis of social care, and the rapid systematic scoping review of peer support schemes.

Rapid systematic scoping review of peer support schemes (workstream 1):

- How have peer support schemes in prisons been implemented and experienced by staff and prisoners?
- What outcomes have been explored in previous research on peer support schemes (including for social care) in prisons, and what data were used?
- What evidence on costs exists on peer support schemes (including for social care) in prisons, and what data were used?

Documentary analysis of social care (workstream 2):

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

Implementation and experience study (workstream 3):

- What is the context for peer support services for social care in England and Wales at national and local levels, and what are stakeholders' views of these services?
- How are peer support initiatives for social care implemented in adult prisons in England and Wales?
- What are the factors (including barriers and facilitators) influencing implementation?
- What are the experiences of those delivering and/or receiving peer support initiatives for social care in adult prisons in England and Wales? (Including risks and benefits.)
- Do these experiences differ between different models of peer support initiatives in adult prisons in England and Wales?

Measurement of outcomes (workstream 4):

- What are the important outcomes of peer support initiatives for social care in adult prisons in England and Wales? (Including for the person receiving social care, the person delivering social care, prison community, staff and health and social care.)
- How could these outcomes be measured?

Measurement of costs (workstream 5):

- What sources of data on costs of peer support programmes are available, what is the quality and completeness of these data, and who can provide this information?
- How could we use the available cost data in combination with the identified measurable outcomes in future cost-effectiveness analysis?

These research questions informed an understanding of whether peer support schemes for social care met the instructions set out in the PSI for peer support social care (see *Table 1*).

Structure of this report

- *Chapter 1* (context) – Outlines the rationale for this evaluation.
- *Chapter 2* (methods) – Presents the design and methods used in this evaluation.
- *Chapters 3–10* (findings) – Present the findings:
    - *Chapter 3* – Rapid systematic scoping review of peer support services in prisons
    - *Chapter 4* – Documentary analysis of social care provision in prisons in England and Wales

- *Chapter 5* – Implementation of peer support services for adult social care in prisons in England and Wales
- *Chapter 6* – Experiences of peer support for adult social care
- *Chapter 7* – Benefits and risks of peer-supported social care
- *Chapter 8* – Measurement of effectiveness
- *Chapter 9* – Measurement of cost
- *Chapter 10* – Towards effective monitoring and evaluation of peer-supported social care.

- *Chapter 11* (discussion and conclusion) – Key findings, strengths and limitations, implications/lessons learnt, and future research.

Working with stakeholders

Throughout this project, researchers from the National Institute for Health and Care Research (NIHR)-funded Rapid Service Evaluation Team (RSET) (Naomi J Fulop, Holly Walton, Pei Li Ng, Sonila M Tomini, Chris Sherlaw-Johnson, Efthalia Massou, Stephen Morris) worked in partnership with 'Empowering People: Inspiring Change' (EP:IC) consultants (Lucy Wainwright, Donna Gipson, Stephen Riley, Paula Harriott). EP:IC is an independent research, evaluation and consultancy collective with expertise in social and criminal justice. EP:IC consultants were closely involved in the design of the study, data collection, and analysis (together with the research team) and write-up. EP:IC consultants supported and co-ordinated the development of a study-specific service user involvement group.

Terminology

We acknowledge that different prisons refer to their peer supporters for social care using different names and terminology (including 'buddies', 'care and support orderlies', 'peer workers' and 'carers'); however, in this report we will refer to those providing peer-supported social care as a 'buddy' or 'buddies' to ensure consistency.

Chapter 2 Research methods

The protocol was informed by and developed with input from the evaluation advisory group, other national and local stakeholders and RSET patient and public involvement and engagement (PPIE) group.

Setting

This research took place in England and Wales.

Design

This multisite study combined qualitative and quantitative approaches to explore peer support initiatives for social care in adult prisons in England and Wales. These methods are consistent with previous research in prisons which have used a range of methodologies, including observation, documentary research, self-report questionnaires, interviews and multiple methods.[48]

The design and research questions outlined in this study were informed by scoping meetings that took place prior to the study starting. These meetings included a range of stakeholders: individuals working in the prison service; in peer support initiatives; in social care organisations; and academics undertaking related work.

Ethical approval

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).

Procedure

The evaluation comprised five workstreams outlined below (see *Chapter 1* for research questions for each workstream):

1. Review of prison peer support services (workstream 1).
2. Documentary analysis of adult social care in prisons (workstream 2).
3. Implementation and experience study (workstream 3).
4. Outcomes study (workstream 4).
5. Cost study (workstream 5).

Due to the COVID-19 global pandemic, the study took place in two stages. The documentary analysis (workstream 2) took place during the COVID-19 pandemic lockdown (2020), while the primary empirical study was put on pause.

Once lockdowns were lifted, planning for the empirical study began. It was during the empirical study planning phase that the review (workstream 1) took place (June 2022–March 2023). The empirical study (workstreams 3–5) was a rapid study which took place between September 2022 and September 2023 (data collection lasted 6 months, December 2022–June 2023).

Workstream 1: Review of prison peer support services

Protocol and registration
This review was registered on PROSPERO (registration number: CRD42022351592).

Design
We conducted a 'rapid systematic scoping review' on prison peer support services.

We followed the rapid systematic review method proposed by Tricco *et al.*[49] This method is systematic, but with adaptations to reduce the time required to carry out the review. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement[50] was used.

Given the broad focus of the review, and the need for accumulation of evidence from different study designs, the review was also underpinned by elements of scoping review guidance.[51] The combination of rapid systematic review methodology[49] and scoping methodology[51] was chosen to enable researchers to rapidly scope what literature was available in the broad area of peer support, while also systematically evaluating current evidence on peer support in prisons, within the time constraints of needing to inform the wider empirical study. This was appropriate given that the review covered both methodologies, but also integration of findings relating to effectiveness, cost, implementation and experience.

Eligibility criteria
The review was based on prison populations who deliver peer support services. We looked at all outcomes associated with peer support services relating to implementation, staff or prisoner experience, effectiveness, and cost. Inclusion and exclusion criteria are specified in *Report Supplementary Material 1*.

Search strategy
Information sources
To identify relevant peer-reviewed papers, we searched the following databases in June 2022: MEDLINE/Ovid (interface), CINAHL Plus/EBSCO*host* (interface), EMBASE/Ovid (interface), PsycInfo/Ovid (interface), ASSIA/ProQuest (interface), Web of Science core collection. ASSIA was chosen as other systematic reviews on health and social care in prison populations have included this.[52] We also hand searched the preprint server medRxiv. To identify policy documents and grey literature, we conducted a Google Scholar search and also searched relevant policy websites, and grey literature databases (Google Scholar, grey literature reports, King's fund library, Social Care online, Social Policy and Practice). We also identified additional papers through the reference lists of identified review papers.[39,53]

One researcher conducted the search and inputted records into EndNote [Clarivate Analytics (formerly Thomson Reuters), Philadelphia, PA, USA]. Duplicates were removed.

Search terms
We included search terms for prisons and peer support services. We based terms for 'prison'[39,52] and 'peer support'[39,54] on search terms used in previous research. We iteratively developed search terms with support from the university librarian (Veronica Parisi). We limited searches to English only, but searches included international literature. Searches were carried out on subject headings and individual text words (see *Report Supplementary Material 2*).

Study selection
Identified studies were screened in three phases: (1) title; (2) abstract/executive summary; and (3) full text. One researcher (HW) screened all titles and abstracts. A total of 10% of excluded articles were reviewed by 1 of 2 additional researchers (CSJ, EM) at the title (n = 233) and abstract (n = 49) stages. Full texts were then screened by 1 of 3 researchers (HW, CSJ, EM), and 10% of excluded articles were reviewed by an additional researcher (n = 16). Additional researchers checked 10% of excluded articles in the title, abstract and full-text stages. Disagreements were discussed until consensus was reached. This is consistent with recommendations for rapid reviews.[49] Studies were screened against the inclusion and exclusion criteria.

Data charting process

Data extraction was carried out using a data extraction form developed in Microsoft Excel (Microsoft Corporation, Redmond, WA, USA). The data extraction form included details relating to study characteristics (e.g. the study title, year, setting, aim, design, population and analysis method) and review outcomes (e.g. findings relating to implementation, prisoner experience, staff experience, outcomes measured and findings relating to these outcomes, the data used to measure outcomes, findings relating to cost, and data used to measure cost/benefits).

The form was iteratively developed following initial screening of articles. It was piloted independently by three researchers (HW, CSJ, EM) using a sample of 5% of articles (n = 4). Disagreements were discussed until consensus was agreed. Data extraction for remaining articles was completed by one researcher. Data extraction forms were checked by one of three researchers (HW, EM, CSJ) when synthesising findings.

The review focused on the following topics: (1) types of peer support services in prisons; (2) effects/impacts of peer support services in prison on outcomes (e.g. health and social care outcomes, psychological outcomes and behavioural outcomes); (3) cost and cost-effectiveness of peer support services in prison; (4) approaches for implementing peer support services in prison and factors influencing successful implementation; (5) prisoner (peer and recipient) and staff experience; and (6) measures used to quantify impact of peer support.

Analysis

We used narrative synthesis[55] to analyse study characteristics and analyse types of peer support used. Findings relating to the research questions were grouped and analysed in three sections: (1) findings relating to implementation and prisoner and staff experience; (2) findings relating to effectiveness and the data that have been used to measure it; and (3) findings relating to cost and the data used. Studies that included more than one of these aspects were included multiple times.

The papers from the studies that included quantitative measures of effectiveness or cost were divided equally between two of the researchers to scrutinise in more detail against the criteria mentioned above. Findings relating to the effectiveness of peer support interventions were then grouped into themes and the outcomes relating to each theme were then pooled together to better observe agreements and differences between studies.

We extracted all passages from the included studies that related to findings regarding implementation, staff experience, peer experience and recipient experience. Extracts were coded line by line and grouped into themes and subthemes by one researcher (HW).

Critical appraisal of individual sources of evidence

We used the Mixed Methods Appraisal Tool[56] to evaluate the quality of studies. This tool was deemed to be appropriate due to its applicability to quantitative, qualitative and mixed-methods studies. The tool was applied to quantitative studies by one of two researchers (CSJ/EM) and qualitative studies by one researcher (HW). Mixed-methods studies were assessed jointly by researchers with qualitative (HW) and quantitative expertise (CSJ/EM).

Workstream 2: Documentary analysis of adult social care in prisons

A summary of the methods is below, for detailed methods please see Walton *et al.*[1]

Design

We conducted a documentary analysis of His Majesty's Inspectorate of Prisons (HMIP) prison reports[57] which report findings from prison inspections conducted by Ofsted or Estyn (Wales), the Care Quality Commission, the General Pharmaceutical Council and HMIP. These reports also present the results of a survey of randomly selected prisoners that was conducted at the start of every inspection. We chose to include a documentary analysis as it enabled the research team to explore the wider context and status of social care provision in the UK through the lens of published inspection reports. The documentary analysis was also an important part of the scoping work for the empirical study, as it enabled researchers to systematically explore whether, and where, peer support services for social care were currently being used in England and Wales, and whether an empirical study evaluating peer support for social care would be feasible within a rapid timeframe.

Sample

There are 123 prisons in England and Wales. This research focused on social care delivered in prisons for adults (*n* = 115). Young Offenders Institutions (YOIs) for those under the age of 18 years (*n* = 5), secure training centres (*n* = 3) and prisons without inspection reports (2017–20) were excluded (*n* = 13). A total of 102 prison inspection reports were included (*Figure 1*).

Procedure

His Majesty's Inspectorate of Prisons reports (published between January 2017 and June 2020) were downloaded from the Justice Inspectorate website[57] between April and June 2020.

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 allocated to 1 of 2 researchers (HW/SMT). Researchers extracted qualitative and quantitative data from these reports.

Once all data were extracted, one researcher (HW) checked, coded and summarised the qualitative data (descriptions of social care and other information on social care) and one researcher (SMT) synthesised the quantitative data (indicators of social care) from collated survey data provided in individual reports (see Walton *et al.*[1] for details). Initial findings were developed, 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, 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-squared tests (one-sided *p*-values, statistical significance threshold: $p < 0.05$) to identify any notable differences between them.

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

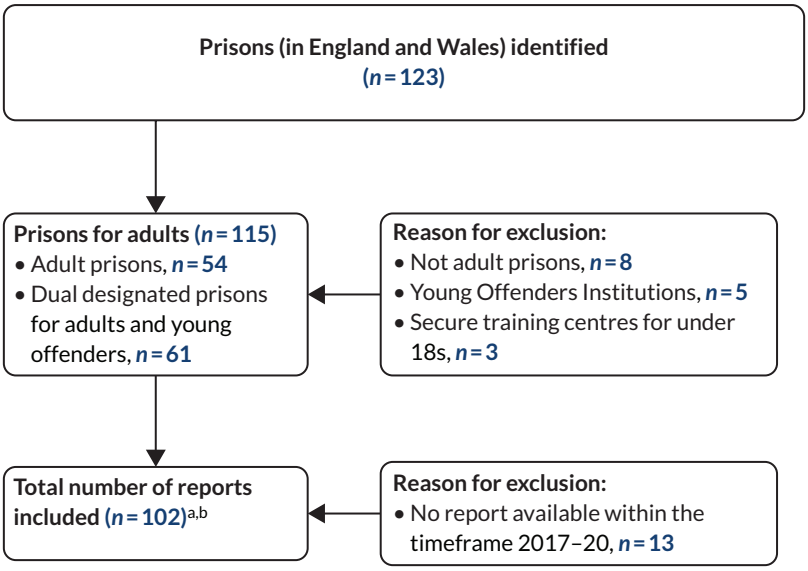


FIGURE 1 A flow diagram explaining the sample for this study. a, The reports for two prisons were combined as one. b, One prison had two reports (one for male prison and one for women's prison).

Workstream 3: Implementation and experience

This workstream aimed to: (1) describe the context for peer support services in England and Wales at national and local levels and explore stakeholders' views of these services; (2) analyse how peer support initiatives are implemented and the factors influencing implementation for adult social care in prisons in England and Wales; and (3) study the experiences of those delivering and receiving peer support initiatives for social care and whether these differ across models of peer support initiatives (including those who do not currently have peer support initiatives for social care) in prisons in England and Wales.

Sample and recruitment

Selection of sites

There are seven categories of prisons in England and Wales: category A – high-security prisons; category B – either local or training prisons; category C – training and resettlement prisons; category D – prisons that have minimal security and allow eligible prisoners to spend most of their day away from the prison; female prisons – closed conditions; female prisons – open conditions; and YOIs which are intended for offenders aged between 15 and 21 years. This study did not include YOIs as it focused on adult social care.

We aimed to conduct prison lead interviews in approximately 20 prisons out of 123 prisons in England and Wales.[58] To achieve maximum variation, we purposively selected prisons using a range of criteria, including whether or not they had peer support initiatives for social care, type of peer support initiative (drawing on information from the documentary analysis[1] and scoping work), the area of the country, categorisation of prison and gender of prison (e.g. male or women prisons). Once a shortlist of sites was selected using these criteria, research leads and governors for each prison were contacted by researchers from University College London (UCL) and/or EP:IC consultants to find out if they would be interested in taking part in the study.

From these 20 prisons, we selected 5 case study sites (variety of prisons and social care peer support schemes). Case study sites were selected using a range of criteria, including whether or not they have peer support initiatives for social care, the type of peer support initiative [if applicable, and using information from (1) national stakeholder interviews and (2) national prison interviews], the area of the country, categorisation of prison, and gender of prisoners. We aimed to select a range of prisons with different models of peer-supported social care (prisons using different models of peer support social care, and one prison which did not provide peer-supported social care).

National and local stakeholder interviews

To describe the context for peer support services in England and Wales at national and local levels and explore stakeholders' views of these services, we conducted interviews with national and local representatives (n = up to 10), including service commissioners, representatives from local authorities, representatives from HMPPS, representatives from national social care organisations and representatives from lived experience charities. As part of these interviews, we collated learning from the scoping stage and asked national stakeholders to provide further details on any gaps.

National and local stakeholders were recruited by contacting relevant organisations [e.g. HMPPS, Association of Directors of Adult Social Services (ADASS) Care and Justice Network, local authorities, and lived experience charities, such as the Prison Reform Trust] and inviting relevant individuals to participate. Additionally, the scoping work informed the purposive selection of national stakeholders.

Prison lead interviews

To study the implementation of peer support initiatives for adult social care in prisons in England and Wales, we conducted a telephone or video interview with nominated individuals who lead or run social care peer support initiatives in 20 prisons across England and Wales. We were flexible in the sampling approach (i.e. whether we interviewed prison staff, local authorities or provider organisations) as the scoping findings indicated that leads best placed to talk about implementation of the peer support social care initiative differ across different prisons (due to the different set-up of services).

Once the study received ethical approvals, we worked with HMPPS regional research leads and governors to identify relevant contacts in each of the identified prisons (e.g. prison research lead or other relevant individuals) to establish

a nominated contact. Nominated individuals for each prison were identified from initial discussions with each prison. Nominated individuals were contacted by researchers from UCL and/or EP:IC consultants to take part in a telephone interview. We asked each prison to nominate someone to take part on the prison's behalf (i.e. those leading or running the social care peer support service). Nominated individuals could be from the prison, local authority, or provider organisations (i.e. those who deliver training). At times, where appropriate, multiple leads were present on the call.

Stakeholders delivering and receiving peer support social care (case studies only)

To explore experiences of those delivering and receiving the peer support initiatives in prisons in England and Wales, and whether these experiences differed between different models of peer support initiatives (including those who do not currently have peer support initiatives for social care), we selected case study sites to explore experience in more detail. The study aimed to originally include four case study sites but ended up including five case study sites (to ensure maximum variation of models of peer support and prison characteristics). The researchers aimed to interview up to three to five staff involved in training/supporting buddies to deliver peer support and/or social care, up to three to five buddies (where available) and up to three to five recipients from each of the case study sites.

To recruit staff interviewees, the nominated contact at each prison supported the researcher to identify potential staff for interview and link potential staff with researchers from EP:IC consultants. Staff may also have cascaded the recruitment e-mail to other members of their team who were interested and appropriate. The researchers from EP:IC consultants contacted potential participants via e-mail and sent them a participant information sheet. Participants were given at least 48 hours to review the information and ask questions about the study. If the participant agreed to take part in the study, they were asked to sign the consent form. The researcher arranged a time to carry out the interview in person, over the phone, or via an online platform [Zoom (Zoom Video Communications, San Jose, CA, USA) or Microsoft Teams], depending on COVID-19 restrictions at the time of data collection, and participants' preferences. An informed consent process using participant information sheets and written consent (scanned forms or typewritten/electronic signature) or audio-recorded verbal consent was used for recruitment to ensure informed and voluntary participation.

For interviews with buddies and adults receiving social care support in prisons, the prison governor (or a nominated individual) selected potential interviewees. To ensure a range of views, we asked services to help purposively identify potential interviewees with a range of experiences and demographic characteristics. In addition to the purposive sampling, we also circulated a research advert in the form of a printed leaflet to potential participants to reach a wider pool. As not everyone in the prison would have been involved in the delivery of peer support social care or the receipt of peer support social care, and due to restrictions relating to COVID-19, we asked the nominated contact at each prison to arrange for posters to be distributed directly under the doors of all those who have been involved in delivering and receiving peer support social care (in those prisons with such a scheme), or receiving social care (in the prison without a peer support scheme). The leaflet provided details of two ways to respond if interested, including speaking with a nominated individual and a tear-off slip for potential participants to return. Names were collated by the contact in the prison who liaised with researchers from EP:IC consultants to arrange interviews. We also requested for a printed poster detailing the same as the leaflet (minus the tear-off slip) to be placed on the wing notice board in case the advert was lost for any reason, to trigger memories, or to catch those who had not been selected to receive the leaflet.

Rationale for sample selected

In this study, the target number of interviewees (up to 10 national stakeholders, prison leads in each of the 20 prisons, up to 20 staff, up to 15 buddies, up to 20 recipients and up to 20 workshop participants) were selected to ensure that the study was feasible to complete within the rapid timeframe, while also providing enough in-depth data to answer the research questions and thoroughly evaluate peer-supported social care from different perspectives.

Measures

Interview topic guides were developed for each type of stakeholder (national and local stakeholder interviews, prison lead interviews, staff, buddy and recipient interviews) (see *Report Supplementary Material 3*). The interview questions for buddies and adults receiving peer social care support were reviewed by the service user involvement group prior to interviews (during a PPIE meeting).

Data collection

National and local stakeholder interviews, prison lead interviews and staff interviews (case studies)

For national and local stakeholder interviews and prison lead interviews, data collection processes were as follows: Potential participants were sent an information sheet and given at least 48 hours to review the information and ask questions about the study or discuss the study with the researchers. If the participant agreed to take part in the study, they were asked to sign the consent form and return it via e-mail. Alternatively, audio-recorded verbal consent was used in some cases to obtain consent at the start of the interview. Interviewees were told that they were free to withdraw at any time up to 2 weeks after the interview had taken place, and that if they withdrew all interview data provided would be removed from the data set and destroyed securely.

National lead interviews were conducted online/over the telephone by one researcher (HW), prison lead interviews were conducted online/over the telephone by three researchers (HW, LW, DG) and case study staff interviews were conducted online/over the telephone/face to face by two researchers (LW, DG) using the relevant topic guide (see *Report Supplementary Material 3*). The interviews aimed to last between 30 minutes and 45 minutes, depending on how much stakeholders had to say.

Stakeholders delivering and receiving peer support social care (case studies only)

Potential participants were given a participant information sheet to read and think about taking part, verbally informed about the study, and asked if they would be happy to speak to a researcher. If they agreed, the researcher from EP:IC consultants arranged a time for the interview. The researchers from EP:IC consultants conducted all interviews with buddies and recipients in person, on a pre-arranged date with the prison. We were flexible with each of the prisons to ensure that the mode of data collection was appropriate for them, in line with COVID-19 restrictions and prison preferences.

The logistics of face-to-face interviews with prisoners was discussed with a special point of contact (SPOC) in each prison, to understand the prison's regime and staffing resources prior to arranging the interview dates and times. This extended to the interview times for each prisoner, which could not clash with any external visits and, as much as possible, with any gym or association sessions. With the SPOCs support, we ensured that the interviews were undertaken in a safe and confidential space, and staff were aware the interviews were taking place. We provided information to the prisoner in advance about the purpose and content of the interview, and ensured the prisoner understood this at the start of the interview, when we read through the consent form. The interviewers took time to build rapport and were experienced in interviewing in this setting, and drew on this experience throughout. Participants were asked to sign a consent form or provide recorded verbal consent. Interviewees were told that they were free to withdraw at any time up to 2 weeks after the interview had taken place. Participants were told that if they withdrew, all interview data provided would be removed from the data set and destroyed securely.

While this was not needed in the study, it was planned to offer translation services or translate materials as required for those who did not speak English or who had communication difficulties.

Interviews were conducted by one of four researchers from EP:IC consultants (LW, DG, SR, PH) using the appropriate topic guides (see *Report Supplementary Material 3*). Members of the data collection team met regularly to ensure consistency in interviewing approach and data collection processes. Buddy and recipient interviews aimed to last between 30 minutes and 45 minutes.

All interviews

All interviews were semistructured, audio-recorded (subject to consent), transcribed verbatim by a professional transcription service, anonymised and kept in compliance with the General Data Protection Regulation 2018 and Data Protection Act 2018.

Data management

Interviews and workshops (qualitative data) were recorded on an encrypted, password-protected digital recorder (only the researcher knew the password). Data were collected by researchers from UCL and EP:IC consultants. Consent forms and audio recordings from interviews and workshops were securely transferred from researchers at EP:IC

consultants to researchers at UCL using the Data Transfer portal on to the UCL Data Safe Haven (DSH – a secure electronic environment, certified to ISO27001 information security standard and conforms to the NHS Information Governance Toolkit).

Digital audio recordings of interviews and workshops were sent to a UCL-approved contractor for transcription (TP Transcription Limited). Once transcripts were received, a researcher from UCL uploaded them on to the DSH and fully anonymised them (names and places) and organised them by participant codes. Anonymised transcripts and other relevant data were stored in a secure folder to which only the named researchers had access. Only the research team (UCL and EP:IC consultant researchers) had access to participants' personal data (i.e. name and contact details). A password-protected spreadsheet of interviewees and their details was held on the DSH. Participant identifier codes were stored in the DSH and kept separate from study data.

Analysis

Data collection and analysis were carried out in parallel and facilitated through the use of rapid assessment procedure (RAP) sheets as set out in Vindrola-Padros *et al.*[59] Data analysis was conducted by RSET researchers and EP:IC consultants.

Rapid assessment procedure sheets are a research tool that has been developed to facilitate data analysis for rapid qualitative research projects.[59] RAP sheets are a template document that include headings relevant to the research questions that can be used to summarise key findings from interviews in a rapid way. The categories used in the RAP sheets were based on the interview topic guides, and we maintained flexibility to add categories as the study progressed. For example, the RAP sheet included details relating to the research questions, such as subheadings for: what social care provision looks like in the prison, what peer support schemes look like, experiences of those delivering the service, experiences of those receiving the service, barriers to implementation, facilitators to implementation, etc.

We developed one RAP sheet per prison to facilitate cross-comparisons, and on this RAP sheet included findings from each group of participants (staff, buddies and those receiving peer support). Researchers added notes and summaries of findings to the RAP sheet following each interview. The data inputted into the RAP sheets were inductively coded using thematic analysis. Themes and subthemes were developed, discussed and agreed by the research team. We held an analysis meeting with the EP:IC researchers involved in data collection to ensure that the developed themes were representative of their interviews.

Following this initial inductive thematic analysis, we conducted additional in-depth coding of transcripts to gain a more thorough analysis of key themes. To do this, a coding framework was developed, drawing on the initial themes and subthemes identified. All transcripts were then deductively coded using this coding framework by one researcher (HW). Quotes for each theme and subtheme were extracted, to illustrate key themes and subthemes. Findings were discussed and agreed by the research team. This process is consistent with analysis methods used in previous research.[60]

Meetings with the evaluation advisory group and PPIE group identified topics to explore in more detail (e.g. payment and differences across different types of prisons). The final findings were discussed and agreed by all researchers involved in the project.

Workstream 4: Outcomes

This workstream aimed to investigate the available data, specifically, potential markers of success and challenges associated with peer support programmes and what options there may be for quantifying them. Evidence from initial scoping interviews suggested that available data for a quantitative evaluation were likely to be scarce. So, rather than aim to undertake primary analysis as part of this project, the intention was towards guiding future data collection and analysis and analysing theories of change to support decision makers.

Design

We used a five-stage process:

1. Investigate where the benefits of social support services are likely to be realised, including those providing and receiving peer support, staff, health and social care services, and the wider prison community.

2. Investigate how any of these could be measured (regardless of whether or not the data exist).
3. Understand what data are available and their quality/completeness.
4. Make recommendations for data collection, which might mean new data collection or making use of existing data.
5. Analyse theories of change.

To understand the measurement of impact and availability of data, we gathered and assimilated information from the interviews with national leads and prison leads conducted in workstream 3 and conducted a stakeholder workshop with specific follow-up interviews. We also aimed to view any relevant data sources to help us understand how they were being used and their potential.

The stakeholder workshop was designed to enable participants to engage in group discussion, while also engaging in a series of activities that would enable them to work together to discuss and agree on outcomes, their measurement and potential gaps.

Sample

We invited 23 participants to the workshop, including service commissioners, researchers and representatives from HMPPS, social care organisations, local prisons, local authorities and lived experience organisations. We purposively sampled participants to ensure that a range of experiences were represented, including their role, their region, and experience of peer support initiatives for social care. Thirteen invitees attended on the day. Further interviews were conducted with three researchers who were not able to attend and a further individuals who had specific knowledge of certain data.

Procedure

The workshop was held online using Zoom and lasted for 120 minutes. It was structured into three sessions each with three separate breakout groups, facilitated by one member of the research team (CSJ, HW, EM), followed by feedback from all attendees. The topics for the different sessions were:

- benefits, shortcomings and challenges of prison social care peer support initiatives
- existing data that could be used to measure impact and costs
- identifying gaps between potential impact and existing data. Recommendations for future data collection.

These topics also formed the basis for the further interviews with researchers.

Where there were gaps between proposed measures and data availability, we explored the feasibility of new data collections to capture this information. New collections could cover routine data or bespoke data for future prospective studies. We also discussed how progress with data collection could be facilitated.

Notes from each breakout session were taken by another member of the research team (LW, NJF, DG) and each session was recorded.

Analysis

Information gathered from the workshop was collated and structured by one member of the team (CSJ) and shared with the other members. This was combined with further information, including the benefits and shortcomings that were identified in the follow-up and workstream 3 interviews. These findings, together with information obtained from interviews, led to further enquiries looking into possible data sources with those who either hold or collect the data. These data sets were assessed against a number of criteria, for example:

- data quality
- data completeness
- collection period (e.g. routinely collected or collected once)
- how many prisons they covered or how many prisoners in participating facilities
- how well they matched the population we were interested in.

Workstream 5: Costs

First, we sought to identify the cost components of these programmes and their sources. We sought also to investigate how such sources and costs may vary between the different programmes delivered and identify all sources of information for collecting these data on costs. Given that mode of delivery for such peer support programmes differ (e.g. they may be led by a local authority, led in-house by prisons, privately provided, or supported by the charity sector), we approached the main actors to get a better picture of the information on costs and their availability.

Given the non-systematic data collection and their limited availability, we adjusted the main intention of the analysis to the development of a cost template that might guide future data collections, suitable for cost analyses. This approach is similar to that used in workstream 3 and, combining findings from these two workstreams, enables the economic evaluation and cost-effectiveness of the peer support programmes in prisons. Theories of change were analysed in conjunction with workstream 3.

In workstream 5, we proposed a staged approach that sought to identify and investigate the following research questions:

1. What sources of data on costs of peer support programmes are available, what is the quality and completeness of these data and who can provide this information?
2. What cost-related data we will need for a future economic evaluation and cost-effectiveness of the peer support programmes in prison? What is the current availability of these data?

The methods used are described below.

Investigating what sources of data on costs of peer support programmes are available, what is the quality and completeness of these data and who can provide this information

Design

This part of the study drew on data collected from the review (workstream 1) and stakeholder workshops (workstream 4).

Procedure

We used the workshops conducted under workstream 3 to collect information about the existing cost data on the peer support programme. First, we sought to understand all the activities linked with the peer support programme, such as training, workshops, and meetings, and the costs involved in providing these activities. These costs included working costs (i.e. costs due to paid working hours) as well as other operating costs (i.e. uniforms, handouts, etc.) used for the peer support programme. Second, we sought to understand who was involved in these programmes, including prisoners, prison staff, and external assistants, and what the cost was of their potential involvement. The workshops were used to also clarify other aspects of the existing cost data, such as the quality of the data provided, the time period the data covered, the number of beneficiaries (providers and receivers). Additionally, we asked relevant questions in the interviews conducted in workstream 3.

Analysis

We assessed the information on the cost data that were available, and we clarified the sufficiency of the information and the quality of the data.

Investigating what cost-related data need to be collected for a future economic evaluation and cost-effectiveness of the peer support programmes in prison and what is the current availability of these data

Design

This part of the study drew on data obtained from the review (workstream 1), the workshops (workstream 3) and qualitative interviews with national stakeholders, prison leads and staff (workstream 2). This information allowed us to develop a cost template that we shared with the contacts at the 18 prisons included in this study and which we asked them to complete and return.

Procedure

First, we asked the recipients of the cost template whether their prison collects any data relating to the peer support programmes and, if so, whether they would be willing to share these data with us. Those who answered positively to both questions were asked to provide information on a series of questions about the participation, the involvement, and the costs related to these programmes.

Analysis

As with workstream 3, we explored the feasibility of new data collections to capture the information of interest. Having received back the cost templates from the prisons, we first assessed the current data availability and the quality of the available data. We calculated the proportion of missing data per question of the cost template. Where doable, we used descriptive statistics to summarise the collected data.

Integration

All three workstreams informed each other and were mutually supportive. Data collection processes, data collected and findings were triangulated throughout.

Patient and public involvement

We developed this study based on stakeholder input, including from representatives involved in peer support initiatives, representatives from the prison service, representatives from social care organisations, academics and peer reviewers.

We worked with EP:IC consultants to develop a service user involvement group of individuals with lived experience. This group were involved throughout the project and provided feedback on the protocol, study methods and aims, data analysis and dissemination. We held four meetings with this group throughout the study with the service user involvement group to discuss these topics. The service user involvement group included people who have previous experience of being in prison. Additionally, we sought input from the RSET PPIE group throughout the study (e.g. when developing protocol, data collection measures and disseminating findings).

Evaluation advisory group

In this study, we developed an evaluation advisory group of key stakeholders with an interest in peer support scheme for adult social care, including representatives from HMPPS, representatives from adult social care organisations, representatives from local authorities, representatives from the UK Health Security Agency (HSA), and researchers from universities and think tanks who work in this area.

Chapter 3 Peer support services in adult prisons: a rapid systematic scoping review

Overview

This chapter draws on a manuscript by Walton *et al.*, published in *Public Health* (https://doi.org/10.1016/j.puhe.2024.08.002). Reproduced with permission from Walton *et al.*[47] This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) licence, which permits others to distribute, remix, adapt and build upon this work, for commercial use, provided the original work is properly cited. See: https://creativecommons.org/licenses/by/4.0/. The text below includes minor additions and formatting changes to the original text.

What was already known:

- Peer support services have been used in a range of prison settings for different purposes.
- Methodological quality of peer support schemes for offender health is poor, thus limiting effectiveness and cost-effectiveness evaluations.

What this chapter adds:

- A variety of peer support services have been used in prisons internationally to support a range of health, social care and educational needs.
- Different methods used to measure effectiveness (e.g. surveys and cohort studies), implementation and experience (e.g. interviews, surveys and observation). No studies measured cost or cost-effectiveness.
- Some positive effects of these peer support schemes but limitations due to data quality.
- Many factors (individual, organisational or service) influence implementation of peer support schemes.
- Range of challenges associated with peer support identified.

Introduction

Chapter 1 highlighted that adult prisoners require both professional and peer support to address a range of health, social care and psychological support needs,[2,8–11,16,38,39] but that the peer support services on offer may vary across prisons.[40] To the authors' knowledge, the effectiveness, cost-effectiveness, implementation and how different stakeholders experience peer support services in prisons are not adequately studied. Findings from a 2014 review of effectiveness and cost-effectiveness of peer support schemes to support offender health in prisons highlighted that the methodological quality of studies is poor, thus limiting effectiveness and cost-effectiveness evaluations.[38,39] Therefore, we need to explore how best to evaluate such schemes (e.g. what types of data are used and what outcomes should be studied), and what is known about their effectiveness, cost-effectiveness, implementation, and how different stakeholders experience these services.

This review aimed to systematically evaluate available evidence on prison peer support services. In this review, we answered the following research questions:

1. What outcomes and economic outcomes, if any, have been studied for peer support schemes in prisons, and using what data?
2. What is known about the effectiveness and cost of peer support schemes in prisons?
3. How have peer support schemes in prisons been implemented and experienced?

Methods

We followed a rapid systematic scoping review process to review studies that focused on peer support services for adults (see *Chapter 2*).

Findings

Selection of studies

From the searches, 4930 papers were identified from which 70 studies were included in the review[5,40,61–128] (*Figure 2*).

When making screening decisions, the agreement between researchers was as follows: for the titles (97.9% agreement), abstracts (93.9% agreement) and full texts (62.5% agreement).

Characteristics of studies

The included studies covered a wide range of settings, designs and evaluation focus (*Table 2* and see *Report Supplementary Material 4*). Most studies were undertaken in the USA or UK (*n* = 53, 76%). Where it could be determined, just under half the studies included more than one prison (*n* = 30 out of 70, 43%). The type of prison varied. Included studies used different designs (mixed-methods, quantitative and qualitative), and the length of research study varied from < 6 months to up to 4 years. Many studies did not specify the length of their study. In terms of evaluation focus, the most studied aspects were effectiveness and peer experience. Most studies focused on evaluating only one aspect of effectiveness, implementation and experience.

No studies evaluated costs. In one paper, costs were alluded to in the *Discussion* section, but we excluded that because costing was not stated among the aims of the study and the authors did not describe the methods for how the costs were derived.

Critical appraisal of papers

The critical appraisal highlighted that studies included in the review were of mixed quality. For the 49 qualitative studies, most of the included studies met the necessary criteria (criteria 1.1–1.5). For the six randomised controlled trials, there were some reporting omissions, for example around blinding (criteria 2.4) and comparability of groups at baseline (criteria 2.2). However, reporting for non-randomised studies (criteria 3.1–3.5) and quantitative descriptive studies (criteria 4.1–4.5), was more variable (due to a lack of reporting or insufficient information to determine quality). While many of the mixed-methods studies justified their design and integrated data to adequately answer research questions, again there were some reporting omissions which made quality difficult to determine (see *Report Supplementary Material 5*).

Findings

Summary of peer support services

Most of the studies focused on evaluating just one formal peer support service (*n* = 43). However, some evaluated multiple formal peer support services (*n* = 11) or evaluated peer support as part of a wider evaluation (*n* = 8). Six studies did not specify. Two studies evaluated informal peer support. Evaluations of peer support services were designed to target a range of different topics, including health education and prevention (e.g. for HIV, tuberculosis, hepatitis C) (*n* = 20), self-harm and suicide prevention (*n* = 9), emotional support (*n* = 5), disabilities and social care (*n* = 4), substance abuse (*n* = 4), and end-of-life care (*n* = 4) whereas other services did not target a particular topic (*n* = 13). Many different peer support services/initiatives were evaluated, with the most frequent being: The listener scheme (*n* = 12); the AIDS, Counselling and Education (ACE)/Counselling, AIDS, Resource and Education (CARE) programmes (*n* = 6); insiders (*n* = 4); peer support team (*n* = 4); Shannon trust mentors (*n* = 3), therapeutic communities (*n* = 3) and buddy services (*n* = 3). Most programmes were delivered in a group format (*n* = 23), one to one (*n* = 19) or both (*n* = 2). Nine studies were not clear, and this was not applicable for one study. The type of support provided by peers varied, with the most frequent types of support being emotional support (*n* = 28) and peer education (*n* = 24) (*Table 3*).

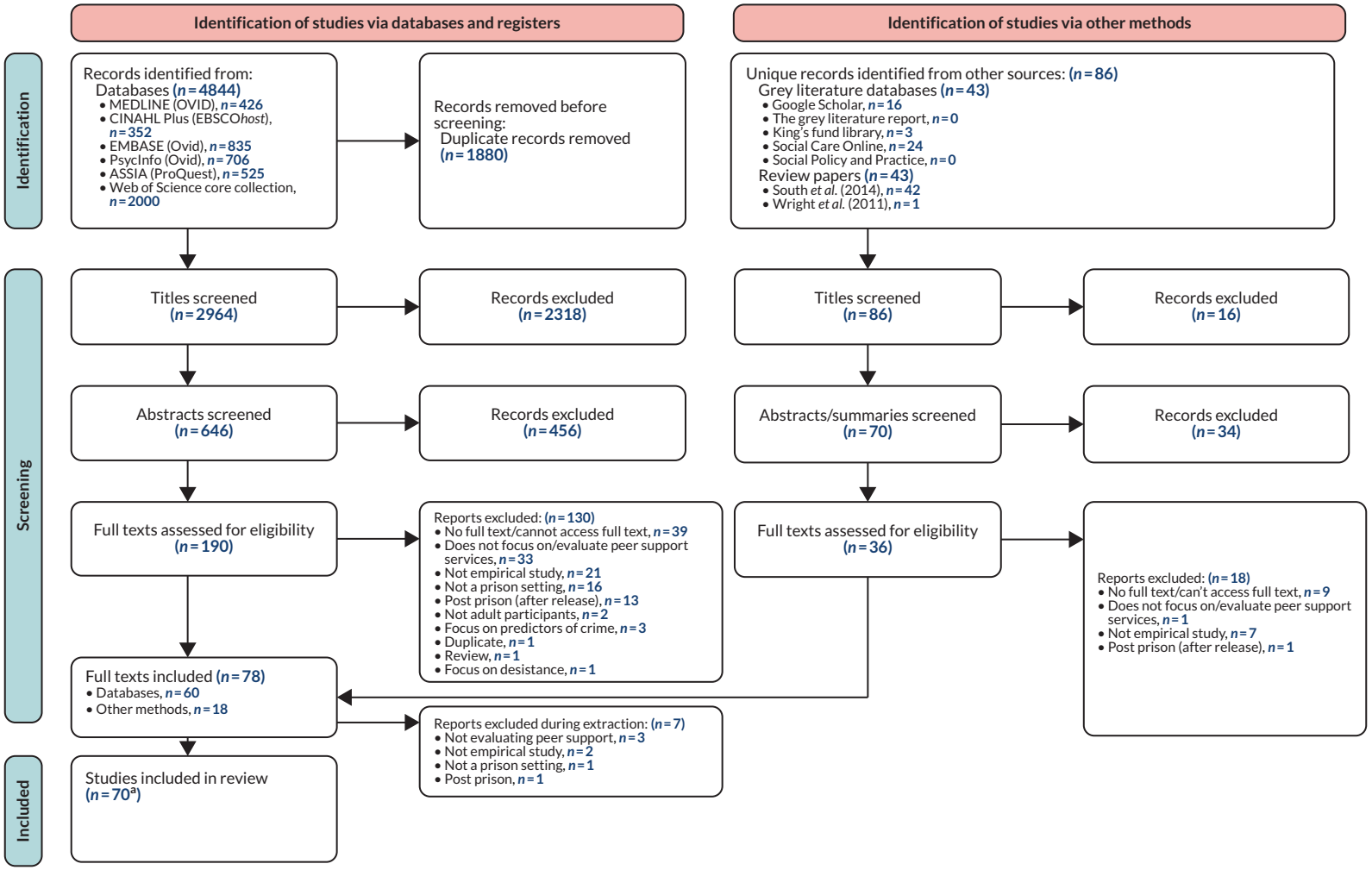


FIGURE 2 Flow chart of included studies, based on the PRISMA 2020 flow diagram (from Page *et al.*[129]). For more information, visit www.prisma-statement.org/ a, Note 71 studies included, but 2 studies have been combined due to overlap.

TABLE 2 Summary of setting, design, methods and evaluation focus of included studies

Study characteristics		Number of studies (*n* = 70)
Setting		
Country	USA	30
	UK	23
	Canada	4
	Ireland	3
	South Africa	2
	India	1
	Ethiopia	1
	Belgium	1
	Israel	1
	Zambia	1
	Russia	1
	Italy	1
	Australia	1
Number of prisons included in study	One prison only	36
	Up to 4 prisons	16
	5–9 prisons	9
	10–14 prisons	0
	15–19 prisons	1
	20 + prisons	4
	Did not specify	4
Type of prison	Male	32
	Female	15
	Male and female	15
	Did not specify	8
Design and method		
Design	Qualitative	30
	Quantitative	21
	Mixed methods	19
Length of research study	Up to 6 months	10
	6 months–1 year	10
	Up to 2 years	8
	2–4 years	5
	Did not specify	37

continued

TABLE 2 Summary of setting, design, methods, and evaluation focus of included studies (*continued*)

Study characteristics		Number of studies (*n* = 70)
Scope of evaluation		
Evaluation focus[a]	Effectiveness	32
	Cost/cost-effectiveness	0
	Implementation	14
	Staff experience	16
	Peer experience	37
	Recipient experience	20
Number of aspects evaluated (effectiveness, cost, implementation, staff experience, peer experience, recipient experience)	All six aspects	0
	Five aspects	1
	Four aspects	4
	Three aspects	12
	Two aspects	9
	One aspect	44

a Numbers will not add up to 70 as studies could include more than one evaluation focus.

TABLE 3 Type of peer support provided by peers

Type of peer support provided by peers	Number of studies	Number of studies quantitatively measuring effectiveness
Emotional support	28	7
Peer education	24	19
Social care ('buddies')	8	0
Peer mentoring	8	2
Discussion (through support group)	8	4
Logistical support (e.g. induction and housing)	5	0
Training others to become peers	3	0
Direct prisoner health care	5	1
Screening and referral	7	6
Reading and literacy	2	0
Health trainers	2	1
Peer navigators	1	1
Mediating	1	0
Advocacy	1	0
Not specified/not enough information	12	5

Note
The total does not add up to the total number of studies (*n* = 70) as some studies included more than one type of support.

RQ1. Measures used to evaluate peer support schemes

Effectiveness

Of the 70 papers we included, 32 presented quantitative measurements of effectiveness. Of these, 21 reported outcomes only for prisoners receiving peer support, 8 reported outcomes for prisoners providing support and a further 3 reported outcomes for both groups. Three studies had more than one paper associated with them: for two of these we counted each paper separately as they presented different findings and for the other, we combined both papers as one since they reported the same results. The range of outcomes together with the data used to measure them are presented in *Table 4*. Studies reported a mix of subjective and objective measures, sometimes within the same study. Subjective measures include the impact on their lifestyles and attitudes, how they engage with services and their mental health which have been obtained by surveys or questionnaires. These include a wide range of existing tools measuring different aspects of physical and mental health, behaviour and personality (see *Report Supplementary Material 6*). Objective measures include the impact of peer-supported screening on the detection of infectious diseases, the impact on self-harm, suicide and recidivism where data have been extracted from routine prison or clinical records. But in some studies, surveys or questionnaires were used to measure recidivism. Only one study measured attitudes and lifestyles objectively by the impact of a peer-supported HIV education programme on the future prevalence of the disease.

Studies of peer supporters themselves focused on their mental health, the value of the knowledge skills that they have learnt, and the impact on their lives after release.

Implementation and experience

Forty-nine studies explored implementation and/or experience. Many different methods were used, of which the most frequent were interviews, surveys and observations (*Table 5*).

TABLE 4 Effectiveness outcomes measured by the selected quantitative studies

Outcome area	Measured outcome	Data sources	Number of studies reporting improvement (total studies measuring outcome)
Impact on prisoners receiving support			
Disease detection via case finding (e.g. tuberculosis, HIV, hepatitis, other infections)	Case detection	Routinely collected clinical data, surveys, blood sampling on a voluntary basis	4 (4)
Knowledge, lifestyle and attitudes relating to health (e.g. HIV, tuberculosis, hepatitis C)	Knowledge of disease	Bespoke surveys and questionnaires	7 (8)
	Influencing beliefs and behaviours	Bespoke surveys and questionnaires	5 (8)
	Engagement with care services after release (HIV)	Bespoke surveys and questionnaires	1 (2)
	Influence of improved attitudes and lifestyle on disease prevalence	Routinely collected clinical data	1 (1)
Mental health and related behaviour	Prisoners at risk of self-harm or suicide	Prison records	0 (2)
	Incidence of self-harm or suicide	Prison records	3 (3)
	Incidence of aggressive behaviour	Questionnaires and routine prison data	1 (2)
	Mental health	Numerous assessment tools (see full list in *Report Supplementary Material 6*)	5 (6)
	Self-esteem	Rosenberg's self-esteem scale	0 (3)

TABLE 4 Effectiveness outcomes measured by the selected quantitative studies (*continued*)

Outcome area	Measured outcome	Data sources	Number of studies reporting improvement (total studies measuring outcome)
Perceptions of prison environment and prisoner interactions		Correctional Environment Status Inventory (CESI) and sociometric tests	2 (2)
Recidivism		Routinely collected data and surveys	0 (2)
Impact on prisoners providing support			
Impact on activity post- release (e.g. recidivism, employment)		Surveys	1 (1)
Mental health, quality of life, and emotional crisis intervention		Guttman self-esteem scale, sociometric tests, CESI, and structured interviews	3 (3)
Impact on activity in prison (includes disciplinary infractions)		Bespoke questionnaires and prison records	2 (2)
Transferable skills and knowledge (e.g. counselling, mental health, attitudes, behaviour)		Bespoke questionnaires and structured interviews	4 (4)
Mutual peer attachment and support		Bespoke questionnaires, structured interviews, and McGill Quality of Life-Cardiff Short Form	4 (4)

TABLE 5 A summary of the methods used to measure implementation and experience (staff, recipient, peer)

Method used to explore implementation and experience	Total number of studies (*n* = 49)	Implementation	Staff experience	Peer experience	Recipient experience
Interviews	43	11	16	33	17
Surveys	14	4	5	4	9
Observations	10	5	6	5	7
Focus groups	6	1	0	4	1
Notes	2	1	1	0	0
Participant journals	2	2	0	0	0
Video/audio recordings	1	1	0	0	0
Programme data	2	2	0	0	0
Informal conversations	1	0	1	0	0

Note
Totals do not add up to 49 as some studies used multiple methods to measure experience and implementation.

RQ2. Effectiveness of peer support schemes in prisons

Quantitatively measured effectiveness

A comprehensive assessment of the effectiveness of peer support programmes is difficult because of the lack of studies and the range of interventions, measured outcomes and methodologies used. Across these studies, there is consistent evidence that peer support schemes improve the detection of infectious diseases among prison populations. However, with schemes that focus more on healthy lifestyles, findings are more mixed. Prisoners receiving peer support obtain

greater knowledge about their health and risks to health (seven out of eight studies), but this does not always appear to manifest in improved lifestyles or attitudes (five out of eight studies). The one study that measured the impact of a peer-supported HIV education programme on the future prevalence of the disease showed positive findings with improved viral suppression.[75] This same study reported improved engagement with mental health services and fewer visits to emergency care services up to 6 months post release, but not at 12 months.

Each of the three studies of the impact of receiving peer support on suicide and self-harm indicate that, whereas there is no reduction in numbers of prisoners at risk, there is a reduction in incidence among prisoners who are at risk.[77,93,106]

Evidence for improvement in the mental health and quality of life of prisoners receiving peer support is variable, with most success reported with reducing anxiety and depression, and mixed success with reducing violent behaviour and self-esteem.[75,78,97,98,106,111,120,125] Both studies that measured an impact of receiving peer support on recidivism (rearrest or reincarceration) showed positive results.[94,113] There was notable variation between the different methods of delivering support.[94] It is, however, important to note that the studies did not report information about the type of recidivism and whether reoffending relates to the same or a different crime.

Studies of the impact on those providing the peer support show several positive findings with regard to mental health, pre- and post-release behaviour, and improved knowledge and skills. However, many of these studies were of lower quality, due mainly to small sample sizes, data collection methods and a lack of comparators.

Stakeholder perceptions of benefits and challenges of peer support schemes (including interviews and surveys)

Benefits were identified for a range of different groups including prisons, staff, peers and recipients (see *Appendix 1*, *Table 21*). For prisons, the most frequently reported benefits relating to enhancing the community, including enhanced staff and prisoner relationships and sense of community (*n* = 5 out of 49), and a better prison atmosphere (*n* = 4). For staff, the most frequently reported perceived benefit of peer support schemes was increasing capacity and reducing workload (*n* = 11), but benefits relating to safeguarding and benefits for staff were also identified. For peers, the most frequently reported benefits related to self-development, including personal growth (*n* = 22), development of skills for jobs (*n* = 21) and motivation (*n* = 13). For recipients of peer support, the most frequently reported benefits were connecting with others, such as receiving support from someone similar to them (*n* = 16), strengthened relationships (*n* = 16), emotional support (*n* = 9) and support from staff (*n* = 6).

While many benefits were identified, the review also highlighted challenges associated with peer support schemes (see *Appendix 1*, *Table 22*). The most frequently reported challenges across all groups of stakeholders (staff, peers and recipients) were burden for peers (*n* = 12, most frequently reported from the peer perspective), confidentiality (*n* = 8), prisoner safety and ensuring the right motivations (*n* = 7), the potential for abuse (*n* = 9), and queries around who should be allowed to be involved (*n* = 5). Additionally, studies frequently reported hostility as a challenge identified by peers only (*n* = 8). Staff and peers also highlighted a challenge associated with peers dealing with problems beyond their role (*n* = 6).

RQ3. Factors influencing implementation, delivery and receipt of peer support services in prison

We identified several influential factors that affect implementation of peer support services, including stakeholder buy-in and engagement, a shared responsibility to work together, availability of training, planning and development of the programme, and funding and resources (see *Appendix 1*, *Table 23*).

A wide range of factors which were perceived to influence the delivery and receipt of peer support were identified, including peer characteristics (*n* = 24), working together (*n* = 17), staff characteristics (*n* = 16), resources (*n* = 12) and recipient characteristics (*n* = 12). The most frequently reported organisational factors were rules and regulations (*n* = 11) and the prison estate characteristics (*n* = 10). The most frequently reported service level factor was education, training and support (*n* = 19) (see *Appendix 1*, *Table 24*).

Discussion

Key findings

There is a wide variety of peer support programmes in prisons throughout the world, ranging from disease detection through to health education and social care support. Because of this there has been a range of methods used to measure their effectiveness (e.g. bespoke surveys, standard assessment tools, cohort studies and randomised trials), implementation and experience (e.g. interviews, surveys and observation). We found some evidence of positive effects (e.g. in relation to disease detection, mental health, pre- and post-release behaviour, and improved knowledge and skills), but the sample of studies in all cases is too small and the implementation of such schemes too broad to generalise these findings. No studies measured cost or cost-effectiveness. A range of factors influenced implementation, delivery and receipt of peer support schemes including individual level factors, service level factors, and organisational factors. Examples of factors influencing implementation included stakeholder buy-in and engagement and funding. Those influencing delivery and receipt included staff resources, characteristics of prisoners and staff, teamwork, prison estate rules and regulations, and education and training. A range of challenges (e.g. burden and confidentiality) of peer support schemes were identified.

How findings relate to previous research

Peer support is used internationally to try to address public health issues and inequalities in prison. The review supports previous research which highlighted that peer support services are used frequently for offender health,[38,39] but provides further detail on the wide range of services peer supporters provide in prisons internationally. Findings extend previous research by demonstrating that peer support is also frequently used to provide support in other areas, such as peer education, self-harm and suicide, and emotional support. This indicates that peer support may be used to address gaps in support, and attempt to overcome inequalities highlighted in previous research.[2,8–11] However, peer-supported social care services have not been explored fully in the literature, with few studies evaluating peer-supported social care identified in the review.

Previous research explored the methods used to explore peer support in health research and highlighted that methodological quality is poor.[38,39] Findings extend previous research by highlighting what methods have been used to explore effectiveness, implementation, staff, peer and recipient experience of peer support services in prisons. We have found that quantitative studies are of varying quality and are generally better where sample sizes tend to be larger, such as when evaluating disease detection programmes, and poorer when samples are relatively small numbers of individuals, such as those providing peer support. Furthermore, most studies focused on descriptive analyses and did not investigate causal or moderation relationships. The role of confounders was also not investigated adequately and there was no consideration regarding different types of crimes and offences committed. The review found that no studies have explored costs of these services. Findings indicate that qualitative and primary quantitative data collections are most frequently used but that there is a limited use of existing data sets. Findings highlighted several limitations of included studies that need to be addressed to enable robust evaluation of peer support services in prisons in future.

This review adds to previous research by systematically reviewing the different types of data that have been used to evaluate effectiveness and identifying the range of findings associated with different modes of peer support. While individual studies have explored implementation and experience, this review is seminal in synthesising findings on implementation and experience across a range of peer support services in prisons internationally. This research therefore extends prior knowledge by highlighting factors which are frequently reported to facilitate and prevent implementation, delivery and receipt of peer support services. Additionally, findings synthesise benefits across a range of peer support services for prisons, staff and prisoners. However, findings highlight some key challenges that need to be addressed to support implementation in future.

Strengths and limitations

One key strength of the review is that we have taken an inclusive approach when choosing studies (e.g. definition of peer support and outcomes). It is still possible that we may not have exhaustively captured all literature on peer support. A further strength is that the review is a mixed-methods review, integrating expertise from mixed-methods researchers to comprehensively evaluate peer support services, including effectiveness, implementation, staff experience and prisoner experience.

One challenge of this review is that some studies included in the review were part of a larger study, therefore it is possible that there may be some overlap across the included studies.

As the review was a 'rapid systematic scoping review', and the search was conducted up until June 2022, other relevant papers (published after June 2022) have not been included. Additionally, the rapid systematic review[49] and scoping review[51] methodologies underpinning this review require adaptations to a full systematic review approach (e.g. not having second reviewers for all titles and abstract decisions); therefore it is possible that some papers may not have been included due to this approach.

Implications

The findings from this review can be used to inform evidence users regarding how peer support is used in prisons, and its potential in supporting the prison service to address public health issues and reduce inequalities. Additionally, the findings from the review outline benefits and challenges of peer support schemes and factors that need to be addressed to implement and deliver peer support schemes successfully. The findings on methods used and gaps in knowledge can be used to inform future robust evaluations of peer support schemes in prisons.

Future research

Future research is needed to explore under-evaluated areas, including peer-supported social care. Findings highlight a need to robustly evaluate effectiveness and cost. While many studies focus on the views of those prisoners providing peer support, further research may also be necessary to continue to explore views of staff and recipients, and implementation.

Conclusions

Peer support services are used internationally to support attempts to address public health issues and supplement care in prisons. While many evaluation methods have been used to explore peer support schemes, robust methods (particularly for effectiveness and cost) are needed in future. Findings indicate that peer support services may have some positive impact on outcomes such as improving detection of infectious diseases and raised knowledge of health risks, as well as many benefits for prisoners, staff and prisons. However, the cost of services is unknown, and some challenges need to be overcome to support implementation.

Chapter 4 Documentary analysis of social care provision in adult prisons in England and Wales

Overview

This chapter draws on a paper by Walton *et al.*,[1] published in the *British Journal of Social Work* (https://doi.org/10.1093/bjsw/bcac145). Reproduced with permission from Walton *et al.*[1] This is an Open Access article distributed in accordance with the terms of the Creative Commons Attribution (CC BY 4.0) licence, which permits others to distribute, remix, adapt and build upon this work, for commercial use, provided the original work is properly cited. See: https://creativecommons.org/licenses/by/4.0/. The text below includes minor additions and formatting changes to the original text.

What was already known:

- There is a high need for social care support in prisons in England and Wales.
- Peer support services may be used to support a range of needs, including social care, but it is not known to what extent peer-supported social care is used across England and Wales.

What this chapter adds:

- Social care provision varies across prisons in England and Wales.
- Many prisons included peer support workers to provide social care, ranging from formal to informal.
- Provides suggestions on how the reporting of social care provision could be improved in HMIP reports, to help establish whether social care provision mirrors community social care provision.

Introduction

As outlined in *Chapter 1*, there is a high need for social care support in prisons in England and Wales but this varies across both countries and may result in unmet needs.[16,35] To improve social care in prisons in England and Wales, a more detailed understanding of how social care is delivered in prisons throughout England and Wales was needed, including what types of peer support are used for social care and how these are used within the wider social care provision.

To the authors' knowledge there have been no reviews of social care provision in prisons in England and Wales. The documentary analysis 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 schemes 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 type of prisons in terms of the social care provided?

Methods

We conducted a documentary analysis of HMIP reports, published between 2017 and 2020 (see *Chapter 2*).

Findings

A summary of the findings is provided below, for further information see Walton *et al.*[1]

RQ1. What social care is currently provided in adult prisons in England and Wales?

A total of 102 HMIP reports were analysed. The documentary analysis highlighted the most frequently delivered aspects of social care (assessment of social care needs: 81.4% and social care referrals: 75.5%) and the least frequently reported (care plans: 44.1% and reviews: 28.4%). Many reports did not specify whether or not these aspects of social care were delivered (see *Appendix 2*, *Table 25*).

Findings indicate that the development of social care plans and review of social care provision were more frequently reported for male higher categories and female categories of prisons (54.3% and 50.0% respectively developed social care plans, 32.6% and 40.0% respectively reviewed social care provision), followed by male lower-category prisons (34.9% developed social care plans and 23.3% reviewed social care provision). There were 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 *Report Supplementary Material 7*).

Many people were involved in referrals (e.g. self-referrals, single-sector providers and multiple-sector providers), assessments (council staff, social care staff and multiple sectors), care plans (social care staff) and review (multiple-sector providers, social care staff and healthcare staff) (see *Appendix 2*, *Table 26*). Many reports did not specify who made referrals, assessments, care plan or reviews.

RQ2. Who delivered social care?

Social care was delivered by a range of providers (see *Appendix 2*, *Table 26*), including commissioned care providers (external organisations) (34.3% where providers are known), providers from multiple sectors (12.7%), healthcare staff (10.8%) and social care staff (10.8%). Eight reports did not specify who social care was delivered by and 17 reports were unclear.

RQ3. What peer support initiatives are used for social care?

Over a third of prisons (41 reports, 40.2%) reported peer-supported social care (see *Appendix 2*, *Table 25*). There was no notable relationship between the reported use of peer support workers and prison category.

Different types of peer support initiatives for social care were used (see *Appendix 2*, *Table 27*). Examples included informal unsupervised peer support (19.5%), buddy schemes (14.6%), buddy schemes with training and supervision (14.6%), and buddy schemes with training (12.2%).

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.

RQ4. 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 while promoting care continuity for health and social care on 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

His Majesty's Inspectorate of Prisons survey findings provided other indicators relating to social care provision in prison (or on release) (see *Report Supplementary Material 7*), including social care support for those considered to have a long-term disability, and social care expectations on release (see *Appendix 2*, *Table 28*).

RQ5. Are there any differences between type of prisons in terms of the social care provided?

Of prisoners who considered they had a disability, 29% reported that they were receiving the support they needed (see *Appendix 2*, *Table 28*). Although the proportion was higher for female prisoners (31%) compared to males (28%), this was not a significant difference ($p = 0.18$, see *Report Supplementary Material 7*). Compared to other categories of male

prisons, category D prisons had fewer respondents who considered they had a disability (19%) but had a significantly larger proportion of those with a disability reporting that they received the support they needed (42% compared to 28%, $p < 0.001$, see *Report Supplementary Material 7*).

On release, just 22% of prisoners reporting that they expected to need social care support considered they would actually receive it (see *Appendix 2*, *Table 28*). For male prisoners this proportion was 20%, which was significantly lower than the corresponding proportion of female prisoners (31%, $p = 0.003$). Although there was a higher proportion of these prisoners expecting to receive support being released from category D prisons (29%), the numbers were too low to determine any notable difference that may exist.

Discussion

Key findings

Social care provision varies in England and Wales. Some aspects of social care are reported more frequently (e.g. assessment and referrals). Peer support services for social care were frequently used (40% of prisons), but peer support schemes ranged from formal to informal. 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 reports, there was a lack of consistency of reporting. There is a need to standardise reporting of social care provision.

How findings relate to previous research

Findings highlighted variation in how social care is currently delivered in prisons. This suggests that social care processes are currently not implemented consistently across all prisons.[16] This finding is consistent with previous research which has highlighted variability in social care provision across different local authorities.[35] 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.[17]

Findings reduce some ambiguity surrounding who is responsible for social care provision in prisons in England and Wales.[33] However, it is not fully known how many of these providers are appropriately trained professional staff.[16] Over a third of prisons included peer support initiatives, indicating that peer support workers contribute to social care provision in prisons, as outlined in previous research.[16] We found that peer support initiatives do not replace social care provision, but supplement it.

Findings extend previous research by outlining different types of peer support initiatives for social care provision (ranging from informal to formal). Findings support previous research which outlines the importance of training,[5] but regulation of peer support does not always happen.

Not all reports provide enough detail to fully understand what social care is provided in each prison, and whether the 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.

Strengths and limitations

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

Findings focus solely on social care as we have not reviewed other aspects of care provision in 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 the 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 the study covered prisons only in England and Wales. Therefore, prisons in other areas of the UK were not included. Findings therefore can only be generalised to England and Wales.

Implications

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.

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

Future research

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.

Further research is also needed to measure the provision of social care, to determine whether social care provided meets the needs of this population and 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.

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; and 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 While there are questions around social care on 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.

Conclusions

Social care provision varies across prisons in England and Wales. Many prisons included peer support workers to provide social care, ranging from formal to informal. 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 in HMIP reports. We provide recommendations on how reporting could be improved.

Chapter 5 The implementation of peer support schemes for social care in adult prisons in England and Wales

Overview

What was already known:

- Peer support schemes in prisons are used internationally for a wide range of support needs.
- Peer support schemes for social care are frequently used in prisons in England and Wales.
- Models of peer support schemes may vary in their levels of formality (e.g. provision of training and support).

What this chapter adds:

- The implementation of peer support schemes for social care varies across prisons in England and Wales, demonstrating a range of different leadership models and levels of governance processes (e.g. thoroughness of employment processes, training and supervision).
- Training and supervision of buddies and staff was variable, with some schemes not having any formal training in place, and buddies not always receiving the training on offer.
- Implementing peer-supported social care is influenced by a range of factors, including service factors (e.g. resources and collaboration between organisations), prison factors (e.g. prison regime and turnover of buddies), staff factors (e.g. attitudes and awareness), prisoner factors (e.g. role desirability, need and attitudes).

Introduction

Earlier chapters have indicated that peer support services are used for a range of purposes in prisons in England and Wales, including to support with the provision of social care (see *Chapters 3* and *4*). Findings from the documentary analysis suggested that these services were frequently used (40.2% of prisons) and that they range in how formal they are (see *Chapter 4*[1]). While guidance on implementing peer support schemes for social care exists (see *Chapter 1*[45]), peer support services for social care are not mandated in prisons in England and Wales.[45] Empirical studies of peer-supported social care are needed on how peer support services for social care are implemented and the factors influencing implementation.

This chapter outlines:

1. The context for prison peer support services for social care in England and Wales (type of social care needs, number of social care needs and factors influencing social care).
2. An overview of their development.
3. An analysis of how peer support schemes for social care have been implemented in 18 prisons in England and Wales.
4. An analysis of the factors that influence their implementation.
5. Stakeholder (national and local leads, and prison leads) views.

Methods

This chapter draws on findings from interviews with national and local leads, and interviews with prison leads. Where appropriate (e.g. when referring to social care support and implementation), we also include relevant analyses from staff and prisoner interviews (see *Chapter 2*).

Findings

Participant characteristics

This chapter draws on 71 interviews, including interviews with national and local stakeholders (*n* = 7), prison leads (*n* = 20) from 18/20 selected prisons, staff (*n* = 7 from 5 prisons), peers (*n* = 18 from 4 prisons) and recipients (*n* = 19 from 5 prisons) (see *Report Supplementary Material 6*). Findings highlighted that the majority of prisons had peer support schemes for social care (*Figure 3*) and that the organisation responsible for leading the peer-supported social care varies across prisons (*Figure 4*).

The social care context in the 18 prisons studied

Number of people with social care needs

National stakeholders indicated that there are no centrally collected data on the number of people in prisons in England and Wales with social care needs. National stakeholders emphasised that the number of people with social care needs varies across different prisons (e.g. some prisons with a relatively high number of people with social care needs, and others with a very low number of people identified as having social care needs). Prisons with a low number of people with social care needs may be establishments where social care needs are not visible, not well understood, where there is a fast turnover of prisoners, a short-term prison or a prison with a low number of prisoners.

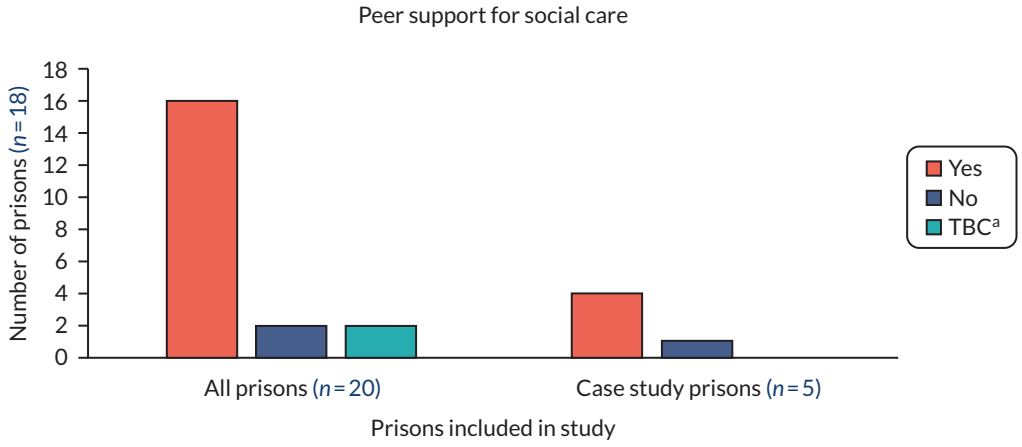


FIGURE 3 Summary of whether prisons have a peer support scheme. a, Two prisons are 'TBC', as those prisons were recruited to take part but then we were unable to identify participants to take part in the study, and therefore were unable to determine who leads.

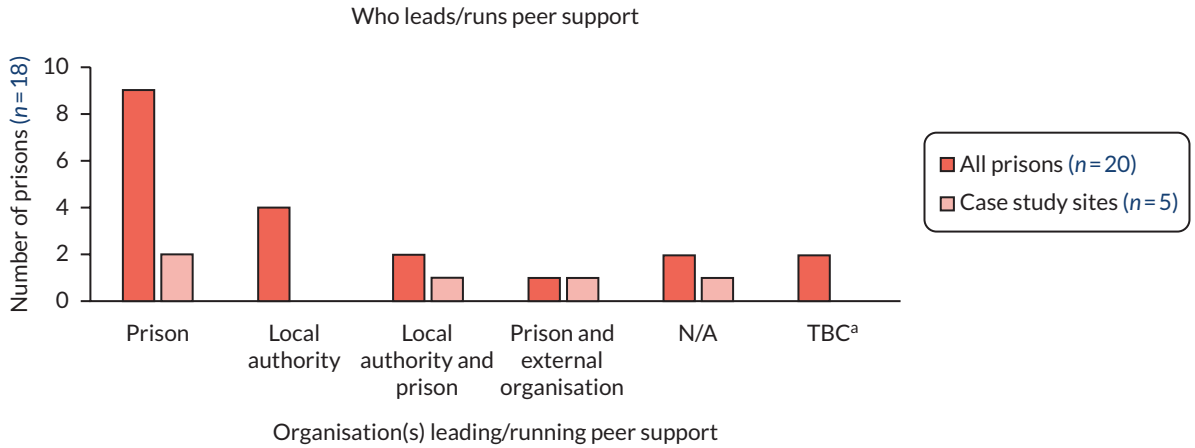


FIGURE 4 Summary of the organisation(s) leading/running peer support. a, Two prisons are 'TBC', as those prisons were recruited to take part but then we were unable to identify participants to take part in the study, and therefore were unable to determine who leads.

The number of individuals who require formal support for social care needs varied across the 18 prisons. Many prison leads reported that the number of those needing social care was difficult to quantify (see *Appendix 3*, *Table 29*). Some of the prison leads reflected on whether they felt that the number of people requiring social care support in prison has changed over time, with many of the prison leads reporting that they felt the social care needs were increasing over time, and a couple of prison leads reporting that they felt social care needs remained steady. None of the interviewees reported a decreasing need for social care.

Type of social care needs

Prison leads indicated that a wide range of groups of individuals require social care support in prison. Most prison leads highlighted the need to support older adults, and people who use a wheelchair or who need support with mobility were commonly identified as needing social care support. Other groups of individuals needing support were also identified (see *Appendix 3*, *Table 29*).

How social care is delivered in the 18 prisons

In relation to who is involved in delivering the overall social care pathway, different models were used, but most models of social care involved a partnership between the local authority and prison. When reported, findings highlight that different providers are involved at different stages of the social care pathway (see *Appendix 3*, *Table 29*), for example, the majority of assessments were done by the local authority. Half of the prisons reported what the social care assessment entailed (e.g. social care needs and equipment needed). A few prisons also focused on developing care plans and making referrals to other services. Only four of the prisons reported that their social care appointments were documented.

Factors influencing social care provision

National stakeholders and prison leads highlighted four factors that help and get in the way of social care provision in prisons in England and Wales. As peer-supported social care must be considered in the wider context of social care provision in prisons, these factors provide context for the implementation of peer-supported social care. The four factors influencing social care provision in prisons were: (1) understanding social care and the need for prison social care roles; (2) collaboration between prisons and local authorities; (3) clear processes and procedures for social care; and (4) availability of resources (see *Appendix 3*, *Table 30*).

Development of social care peer support schemes for social care in prisons in England and Wales

Other peer support services in prisons in England and Wales

National leads and prison leads highlighted that wider peer support schemes are not new in prison settings, and are commonly used across the prison estate for a range of purposes (see *Chapter 3*) (e.g. listeners, equalities representatives, safer custody representatives, peer support for drug and alcohol services, mental health peer workers, chaplaincy peer supporters, self-harm, learning difficulties, violence reduction, induction and healthcare representatives).

Development of social care peer support services in prisons in England and Wales

Peer support services for social care have been developed with a view to support prison estates with the provision of non-personal care, and a need to formalise any pre-existing support. They are not currently mandated in prisons in England and Wales, but instead it is up to governors to choose whether or not to adopt them. National and prison leads supported earlier findings (see *Chapters 3* and *4*) by outlining perceptions that most prisons in England and Wales with social care needs are likely to use a peer support scheme. The development of these services is outlined below.

Development of peer-supported social care from a national perspective

Initial action driven by need Findings from national lead interviews indicated that prior to the introduction of the Care Act of 2014, there was a clear perceived need for peer support in prisons. Participants gave examples of how forums were developed to informally support prisoners with social care needs. Following this, in 2010, the organisation Recoop[44] was funded to support informal peer support models which were driven by the vulnerability of older cohorts and issues of manipulation. Meetings took place between Recoop and a local authority to formalise peer-supported social care training to meet care standards, using the national care certificate and adapting this to fit prisons (e.g. removing the child safeguarding module and adding wheelchair use and stairlift). Lots of different organisations were involved in the development of the Recoop model, including the local authority (moderating and checking peer

support standard), prison partners (adaptations to regime and pay for buddies, operational day-to-day support) and healthcare providers.

Introduction of the Care Act[22] and peer-supported social care National leads outlined how the introduction of the Care Act[22] prompted the formalisation of peer-supported social care. The Care Act[22] outlined that peers could be employed to support with social care needs to free up staff. Participants felt that the peer support model needed boundaries due to there being no policy position, and potential for risks including blurred boundaries resulting in delivery of personal care (e.g. washing and dressing), risks of exploitation and safeguarding issues.

Formalisation of Recoop model of peer support On publication of the Care Act, the Recoop model was formalised in collaboration with commissioners, health authorities, the Ministry of Justice, and peer providers. Participants recalled how the training for the Recoop model of peer support was ready once the Care Act was published. This model was further developed in line with legislative changes. In this model, buddies are trained, vetted and screened, and Recoop provides training to buddies, in addition to follow-up support, for example one-to-one support.

Introduction of HMPPS policies The enactment of the Care Act from 2015 onwards triggered the publication of three policies (PSIs): (1) adult social care;[26] (2) adult safeguarding[46] and (3) prisoners assisting other prisoners[45] (see *Chapter 1*). National leads highlighted that the PSI for prisoners assisting other prisoners details the boundaries for social care peer support, and the need for risk assessments, appropriate selection, boundaries, payment and supervision. As mentioned previously, peer support is encouraged by HMPPS but not mandated.

Local adaptation of peer support model National leads highlighted that while Recoop was funded to produce guidance for all prisons, some local authorities or prisons adapted the service in line with their own services (e.g. using the Recoop model as an example to replicate in terms of governance, training and support), and some prisons and local authorities produced their own version completely. This has led to different types of peer support being implemented across England and Wales.

Local development of the schemes across the 18 prisons

When asked about the development of peer support schemes for social care in their establishment, many prison leads reported that the scheme was already in place before they started working at the prison and that they did not know how their service developed. Different types of development processes were highlighted in the interviews (*Box 2*).

BOX 2 Development of peer support schemes for social care

Prisoner-led and needs driven (*n* = 2): Where the service began as an informal peer support scheme led by prisoners (where prisoners helped other prisoners as they recognised a need for support), and then this was replaced by a formal governed peer support scheme.

Driven by local authority (*n* = 3): Some services were developed by the local authority and implemented in local prisons.

Driven by external company and then in-house (*n* = 3): When the service started 10 years ago, they had an external company managing the programme initially. One prison highlighted that, due to funding issues, they had to manage the service and just commission the external company to train buddies. Other prisons highlighted that due to funding, they brought the scheme in-house and developed and delivered their own training package.

Service still in development (*n* = 3): Some prison leads highlighted that a prison-led scheme was in place before COVID-19 but that it slipped during COVID-19 and is now running as a pilot scheme in development. Other prison leads highlighted that they were in the process of developing their recruitment, training and governance processes. One prison highlighted trying to secure funding to train people as buddies but that it was difficult to justify due to low need.

Not known how service developed as already in place (*n* = 5) or not reported (*n* = 1).

Plans to develop in future (*n* = 1): Some prisons do not yet have a formal support but want to develop one.

Aims, goals, outcomes and perceived impacts of services

Participants (national leads and prison leads) highlighted a number of aims/goals and outcomes/perceived impacts of services (see *Appendix 4*, *Table 31*) at four levels: recipients; peer supporters; prison staff and prison environment. Some prisons had a clear focus on improving independence and reducing support, whereas other prisons had a task-focused approach whereby the buddies supported prisoners by completing tasks.

Implementation of social care peer support schemes in prisons in England and Wales

How services are implemented

Different models of social care peer support were implemented across the 18 prisons included in the study (*Table 6*).

Seventeen of the prisons have implemented peer-supported social care, with most prisons having a formal peer support scheme (*n* = 15), one having both informal and formal peer support and one having informal peer support. Only one prison reported not including any type of peer-supported social care due to a perceived lack of social care need. Peer support schemes use different names for peer supporters, including buddies, carers, carers/buddies, care and support orderlies, and domestics.

The support provided by buddies complements the support provided by professional social care staff in the prison. While professional staff provide personal social care, all prison leads highlighted that buddies provide non-personal social care, including domestic tasks (such as collecting meals, cleaning cells, laundry, transport, welfare checks, supporting with visits, and supporting to collect medication) and communication tasks (e.g. providing company). However, four sites did report that buddies may help with putting on certain items of clothing such as jackets.

Leadership models

Across the 17 prisons that have a peer support service, we identified different models involved in leading and governing peer-supported social care schemes. These included models where one organisation took responsibility, for example prison staff leading and governing (*n* = 10), the local authority leading and governing (*n* = 2), and also models where more than one organisation took responsibility, for example local authority and prison (*n* = 4), or the prison and an external organisation (*n* = 1).

Workforce

Many staff members from the local authority, prison, private social care providers and external organisations are involved in supporting and delivering the peer support scheme across the different prisons. The most frequently reported staff members involved in peer support schemes across the prisons were prison wing staff (*n* = 12 prisons), prison safer custody team (*n* = 10), local authority social care team (*n* = 8), prison equalities team (*n* = 6) and prison health care (*n* = 6).

Size of peer support scheme

Findings highlighted that the number of buddies recruited to provide social care support and the number of recipients of peer-supported social care differs across prisons (see *Table 6*).

Governance processes

Recruitment and employment

In terms of recruitment and employment, prison lead findings highlighted that most (but not all) of the schemes have an application process (*n* = 13) or vetting process (*n* = 14). Case study findings highlighted that application processes differed across and within sites. Application processes in the case study sites included: prospective buddies filling in application forms; responding to poster advertisements; asking staff if they could become buddies; and being asked by staff if they could become buddies.

However, only some of the prisons reported interviewing potential buddies (*n* = 7) or provided buddies with contracts or job descriptions (*n* = 10).

TABLE 6 Implementation of peer support

Category	Subcategory	Number of sites
Peer support for social care?	Yes (formal[a])	15
	Yes (formal[a] and informal[b])	1
	Yes (informal[b])	1
	No	1
Name of peer supporters	Carers	3
	Buddies	7
	Carers/buddies	1
	Care and support orderlies	2
	Carers/buddies (formal)/domestics (informal)	1
	Peer workers	2
	No name reported	1
	N/A	1
Type of social care provided	Non-personal social care, including domestic and communication tasks	17
	Help with dressing of outer clothes (e.g. socks, shoes, and jacket)	4
	Option of live in carers	1
	Not reported	1
	N/A	1
Leadership model		
Workforce leading and governing scheme	Prison staff	10
	Local authority	2
	Local authority + prison	4
	Prison with support from external organisation for training	1
	N/A	1
Workforce		
Workforce involved in supporting and delivering the scheme	Local authority social care team	8
	An external organisation	2
	Prison equalities team	6
	Prison safer custody team	10
	Private care provider located in prison	2
	Prison healthcare	6
	Prison disability liaison officers	1
	Prison residence/safety team	2
	Prison wing staff	12
	N/A	1

TABLE 6 Implementation of peer support (*continued*)

Category	Subcategory	Number of sites
Size of peer support scheme		
Number of buddies currently	1–5	4
	5–14	7
	15 or more	4
	Not sure	3
Number of recipients	1–4	2
	5–9	4
	10–14	2
	15 or more	8
	Not reported	2
Selection process		
Application process?	Yes	13
	No	2
	Not reported	2
	N/A	1
Vetting process	Yes	14
	No	2
	Not reported	1
	N/A	1
Interview	Yes	7
	No	2
	Not reported	8 (1 said interview is ideal)
	N/A	1
Buddies have a job description, contract, or PSI?	Yes	10
	No	2
	Not reported	5
	N/A	1
Payment of buddies		
Payment	Yes (money)	14
	Yes (other, e.g. credit)	1
	Yes if full-time, otherwise no	1
	No	1
	N/A	1
Where funding for payment comes from	Prison budget	8
	Not reported	8
	N/A	2

continued

TABLE 6 Implementation of peer support (*continued*)

Category	Subcategory	Number of sites
Training and supervision for buddies		
Formal training?	Yes	10 (7 module-based training packages, 3 targeted training sessions on 1 or more topic)
	No	6
	Not reported	1
	N/A	1
Who provides training?	Prison	1
	Prison + external organisations for specific topics	2
	An external organisation	2
	Local authority	5
	Not sure	1
	N/A	7
Support/supervision	Yes	13
	Not reported	4
	N/A	1
Regular meetings between person leading peer support scheme and peers	Yes	7
	Ad hoc check-ins	1
	No	4
	Not reported	5
	N/A	1
Training and supervision for staff		
Staff training?	Yes	7
	No	3
	Not reported	7

a Formal peer support was categorised by the research team as those schemes which have leadership and governance processes (e.g. buddies apply for the role and are selected).
b Informal peer support schemes are those which do not have leadership and governance processes and those providing peer support are doing it in an informal capacity.

In terms of payment, most of the prisons pay their buddies with money to provide social care support as part of their prison employment (n = 15). Case study findings illustrated this further by demonstrating that pay varied greatly across the four case study sites with peer support schemes (range: £5–35). The prison that paid buddies the most was a private prison, and the prison that paid prisoners the least was a women's prison. Buddies when interviewed highlighted that while they are paid for the role, they are not always paid for all of the shifts they work (e.g. that in reality it is a 7-day role, but buddies are paid only for 5/6 days).

Training and support

Six of the prisons did not have any formal training and support in place for buddies. Only 10 of the 17 prisons with peer support social care services reported providing buddies with formal training. Of the 10 prisons that provide formal

training, those delivering the training differed across prisons and ranged from local authority staff (*n* = 5), an external organisation (*n* = 2), prison and external organisations for specific topics (*n* = 2) and the prison (*n* = 1).

The topics covered during training in these 10 prisons ranged from targeted training sessions on one or more specific topics (*n* = 3) (e.g. mental health, dementia, cell cleaning – including accredited formal cleaning such as blood spills – well-being, awareness, wheelchair pushing), through to thorough module training packages which included a range of topics (*n* = 7). The module training packages tended to be delivered in localities where the local authorities and/or an external organisation were involved. For example, the training package delivered in prisons by one local authority included the Care Act, the buddies' role (what they can and cannot do), safeguarding, what to do if issues arise, capacity, boundaries, and confidentiality.

It is important to note that even where training exists, buddies do not always receive this training in practice. For example, in one of the case study sites, buddies reported that some of them had received a formal module training package from the external organisation but that others were still waiting to receive this training (despite having been doing the role for a long time). Additionally, training may not be standardised, with buddies receiving different amounts of training in one site (from couple of hours to 2 weeks). Some of the buddies reported having been trained in cleaning, wheelchair training, and dementia training, but not all buddies receive this training, as buddies emphasised the additional training that they needed included dementia training, biohazard training, wheelchair training, manual handling and training on the rules of being a buddy and how to do it.

Buddies from two of the case study sites (one of which reported no formal training and one which delivered specific courses) reported having the opportunity to shadow other buddies and emphasised the importance of shadowing and on-the-job training to learn from other buddies.

Thirteen of the prison leads reported that support and supervision was provided to their buddies. Findings from the case study sites support this finding but demonstrate how support varies across sites, with some buddies in some sites reporting receiving monthly group supervision and/or one-to-one support as required, and others receiving more ad hoc support from each other and other sources in the prison.

Only seven of the prison leads reported that staff received training for topics related to social care. Training for staff was also infrequently discussed in the staff, peer and recipient case study interviews. The staff that did discuss training highlighted that they received the usual staff training but nothing formal or additional in relation to social care and supporting the peer supporters.

Summary of models implemented

Governance processes for peer support models include employment processes (application, vetting, interviews and contracts), payment, training and supervision for buddies, and training for staff. We have developed a taxonomy of peer support governance models that are implemented across the 18 services (*Table 7*).

Various models were implemented in practice (see *Table 7*). However, it is important to note that none of the services had clear and formalised processes in place for all stages (including application, vetting, interviews and contracts), in addition to training and support for buddies and staff (see *Table 7*).

The sites that had the most robust processes (model 2) were led by both local authority and prison teams or local authorities. These prisons varied in terms of characteristics (male vs. female, public vs. private) but tended to be higher security prisons (category A long-term, high-security/category B and closed conditions).

Sites reported variations in the types of employment processes used and the amount of training and support for buddies (models 3–5). The peer support schemes in these prisons varied in terms of who leads the peer support scheme (prison vs. local authority vs. prison/external organisation), and characteristics (male vs. female) and tended to be either category B or C prisons, with the exception of one closed condition prison.

TABLE 7 A taxonomy of governance processes, including employment processes (application process, vetting process, interviews and contracts), payment, training and support for buddies, and training for staff

Model	Description	Number of sites
1. **Clear and formalised employment processes** (application process, vetting process, interviews and contracts), **clear and formalised training and support for buddies** and **clear and formalised training for staff**	No sites provided formalised training for staff, in addition to clear and formalised employment processes, and training and support for buddies	0
2. **Clear and formalised employment processes** (application process, vetting process, interviews and contracts), **clear and formalised training and support for buddies**, and clear but **some or no training for staff**	• Clear application processes, vetting processes, interviews, and a job description/contract for buddies • Payment of buddies • A formal training module for buddies (provided by local authority) which trains buddies on how to undertake the role (including Care Act, role, safeguarding, boundaries, how to do the role, e.g. pushing wheelchairs) • Supervision and support for buddies • Some staff training, though this is not specific to the peer support scheme (e.g. general induction training, or training on mental health and diversity) or no training for staff	4
3. **Some formalised employment processes** (application process, vetting process, interviews and contracts), **clear and formalised training and support for buddies** but **no training for staff**	• Some employment processes in place but do not report having all of the employment processes in place. For example no compact • Payment of buddies • A formal training module for buddies • Supervision and support for buddies • Does not provide staff training for peer-supported social care	1
4. **Some formalised employment processes** (application process, vetting process, interviews and contracts), **some training and support for buddies**, but **some or no training for staff**	• Some employment processes in place but do not report having all of the employment processes in place. For example, some sites did not report having an interview process. In one of the sites (site 13), the prison lead reported having all of the employment processes, but this was not supported by buddies and staff interviews (e.g. they did not speak about interviews or a compact) • Payment of buddies (money or credit) • Some training for buddies: ◦ either a formal training module for buddies ◦ or one-off training sessions on certain topics – but not all buddies reported receiving this in case study sites • Some provide supervision and support for buddies, but some did not report supervision or support mechanisms, or that support was received • No formal training for staff on peer-supported social care	5
5. **Some formalised employment processes** (application process, vetting process, interviews and contracts) but **limited support and training for buddies and staff**	• Some employment processes in place but do not report having all of the employment processes in place. For example, no interviews or compact/job descriptions in some sites • Payment of buddies for undertaking their role (either in money or credit) • Provide no training for buddies or staff • Some ad hoc support is reported but not formalised	4
6. **No formalised employment processes** (application process, vetting process, interviews and contracts) **and limited training and support for buddies or staff**	• No formal employment processes in place • Buddies were paid in two of the sites but not in the third • No training processes in place for staff specifically on peer support social care, though one site reported equality training for staff • No supervision or support for buddies apart from informal support in one site	3

Some prisons reported no formalised employment processes and limited training and support for buddies and staff (model 6). These prisons were all adult male establishments and tended to be lower-security prisons [e.g. category D (open prisons), or a mixture of B/C/D, with the exception of one category B prison].

Monitoring and evaluation of schemes

When asked about how they monitored and evaluated peer support schemes for social care, interviewees highlighted a lack of formal monitoring and evaluation approaches in most cases (see *Chapters 8* and *10*).

Factors influencing implementation

As outlined above, we have identified key differences in the models of peer-supported social care in prisons in England and Wales. Interviewees (national stakeholders and prison leads) outlined many factors which influence implementation of peer support social care schemes in prisons in England and Wales, including service factors, prison factors, staff characteristics, prisoner characteristics and societal factors (*Figure 5* and see *Appendix 4*, *Table 32*).

Social care peer support service factors

Resources were found to be a key barrier and facilitator. Prison leads highlighted that staffing and resources prevents the implementation of peer support services for social care (e.g. not having dedicated individuals to support the scheme). On the other hand, having sufficient resources and staff members who take responsibility to run and lead the peer support scheme facilitates the implementation of peer support schemes for social care. This finding relates to the previously highlighted finding surrounding social care being an add on role in many prisons, thus resulting in prison staff not having time to dedicate to social care, and by extension potentially peer-supported social care schemes.

> *I would like them to be on the detail regularly without being counted down to do other work. I appreciate the prison service is in a crisis with staffing shortages, but we do need the social care.*
>
> *Prison lead, site C*

Secondly, collaboration between organisations (e.g. prisons and local authorities, and prisons and external organisations) was important, facilitating peer-supported social care. Local authority involvement was found to be important in a range of contexts, including having ownership over peer support, providing professional input on the need of social care support and supporting training. However, earlier findings highlighted that only a minority of prisons have processes in place for local authorities and prisons to work together to implement peer support schemes for social care, and some prisons had struggled in forming these successful relationships with local authority partners.

Finally, training and supervision processes for staff and buddies were perceived to facilitate implementation of peer support services for social care (even in places without training currently).

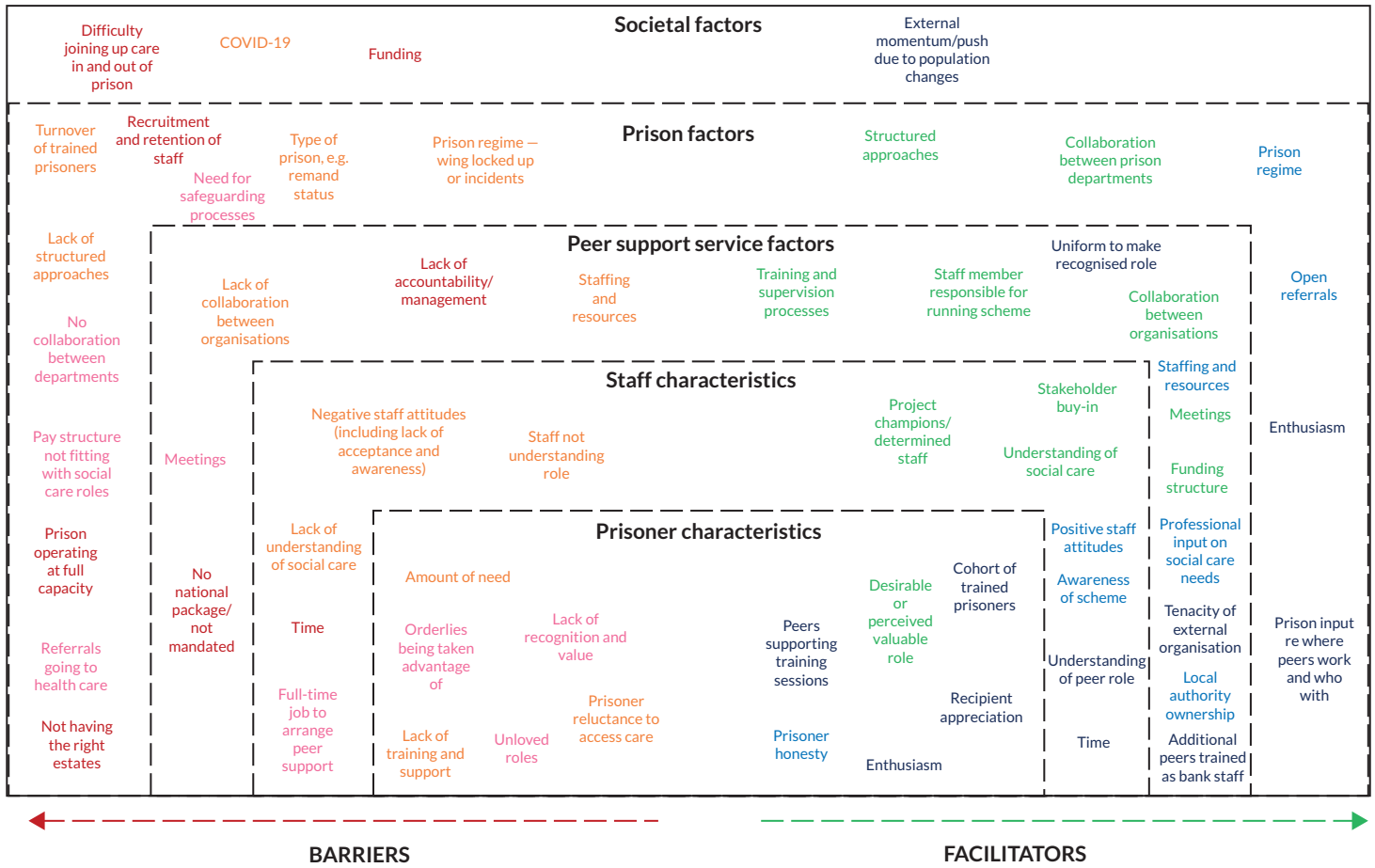
Prison factors

Prison leads reported that prison regime was a key barrier to implementation of peer support schemes, due to it not being possible to unlock buddies to provide support in cases where the prison or wing is on lockdown, incidents have occurred, or the prison is short-staffed.

> *To me prison it's like a microcosmic system in itself which has lots of bureaucratic elements to it around control and around a regime, around a way of doing things and I think that's very much embedded in prison and I think the difficulty is challenging that.*
>
> *Prison lead, site E*

National and prison leads highlighted that the type of prison (category, amount of social care need, male/female) influences whether or not peer-supported social care is implemented. For example, prisons with high levels of social care need were thought to be good environments for peer support, whereas other types of prisons (e.g. open prisons) were thought to be less appropriate. Having a high turnover of prisoners trained to provide support (e.g. prisoners being released from prison or transferred to a different prison) created difficulties as it leaves the prison with too few buddies trained to provide social care support (e.g. in busy local prisons), thus undermining the reliability with which schemes can be provided.

Having structured approaches for peer support social care schemes supports implementation (e.g. having a compact for buddies, having a standardised way of evaluating the peer support schemes, having employment and training procedures and having clear boundaries). Yet many prison leads reported that these standardised processes were not yet in place in their establishments.



Note: The bigger the text, the more prisons it was reported by.

Orange represents barriers reported by prison leads and national leads, pink barriers reported by prison leads only, red barriers reported by national leads only. Green represents facilitators reported by prison leads and national leads, blue facilitators reported by prison leads only, navy facilitators by national leads only.

FIGURE 5 A visual summary of the barriers and facilitators influencing the implementation of peer-supported social care.

Staff characteristics

Barriers relating to staff characteristics centred mainly around attitudes and awareness. Negative staff attitudes such as a lack of acceptance towards prisoners, trained buddies, social care, or peer support schemes was a barrier to implementation.

> *There are some very good officers and some good staff who are really suited to the role. There are some who don't feel that we should be putting this social care in and it's part of their punishment […] the kind of sympathy from a lot of officers just isn't there at all.*
>
> *National lead interview*

Additionally, a lack of awareness surrounding social care, the role of peer supporters for social care and a need for the scheme limits implementation.

Facilitators included having project champions who understood the need and wanted to ensure the success of peer support schemes for social care. This, together with wider staff buy-in and support for the scheme, and awareness of the scheme, facilitated their implementation.

Prisoner characteristics

Desirability and value of social care peer support was identified as both a barrier and facilitator. We identified differences in prison lead perceptions of the desirability of the role among prisoners. Some prison leads highlighted that this role is an unloved role (e.g. due to lack of transferability of skills into the community for prisoners who are in category D prisons, lack of pay, lack of recognition and value, and identifying those who want to do the role and who are appropriate to undertake the role), whereas other prison leads discussed how the role is desirable in their community.

> *It's not a role we can force somebody to do. […] We haven't got many people that want to do it, that don't also overlap into that category of risk in terms of the offences they've committed.*
>
> *Prison lead, site K*

> *It's always been a popular role for prisoners because it used to be one of the highest paid ones.*
>
> *Prison lead, site R*

The second factor influencing implementation is the perceived need for peer support in each prison community. Many prison leads highlighted that there is a lack of need for buddies to support other prisoners with social care in their community, due to the status of the prison (e.g. remand prison), or the needs of their prisoner populations. Therefore, social care peer support schemes may not be perceived to be appropriate in all environments. This finding was also supported by national interviewees who highlighted variation in number of needs across different prison settings.

> *Yes, so in prisons, where you've got an older population, you see them more geared towards it. […] some places have got none […] and some of them will have- they'll say, they haven't got any social care needs, which is always a little bit more worrying.*
>
> *National interviewee*

Finally, some prison leads highlighted barriers surrounding prisoner attitudes to peer support schemes, for example certain groups that are harder to engage, prisoners reluctant to access care from buddies, and buddies reporting being taken advantage of in the past.

Societal factors

Societal factors were infrequently reported by prison leads, but a couple of interviewees highlighted that COVID-19 was a barrier to implementing peer support schemes, as prisoners were locked in their cells for a large amount of time to prevent spread of infection. One prison lead highlighted that external momentum due to population changes (e.g. increasing older population) facilitated the implementation of social care peer support schemes.

Stakeholders' views of peer support schemes

Generally, prison leads reported positive views of peer-supported social care, emphasising that buddies do a difficult but good job. Throughout the interviews, it was emphasised that buddies providing non-personal social care is appropriate but that the role should not ever be used to provide personal care to other prisoners. National and prison lead views are outlined in *Chapter 7*.

Discussion

Key findings

Peer support services for social care have been developed and implemented in prisons in England and Wales to formalise informal support provided by prisoners and in response to the Care Act[22] and perceived rising social care needs. Most prisons have implemented formal peer support schemes for social care to support prisoners with non-personal social care tasks such as cleaning cells, collecting food and moving about the prison, and potentially improve outcomes for the prison, staff, recipients and buddies. The implementation of peer support schemes for social care varies across prisons in England and Wales, demonstrating a range of different leadership models (e.g. prison-led, local authority- and prison-led, prison-led, local authority-led and external organisation-led), and governance processes (thoroughness of employment processes and training and supervision). While there were some examples of good practice identified (e.g. formal application processes, or formal training and support processes identified in specific case study examples), none of the prisons had clear processes in place for buddies for all aspects of employment and training (buddies and staff), and some prisons did not report any formal training mechanisms for buddies. Even when prisons had training processes in place, findings indicated that this training was not always received in practice. Prison leads and national stakeholders outlined a range of factors influencing the implementation of peer-supported social care, including service factors (e.g. resources and collaboration between organisations), prison factors (e.g. prison regime and turnover of buddies), staff factors (e.g. attitudes and awareness), prisoner factors (e.g. role desirability, need and attitudes).

How findings relate to previous research

Previous research highlighted that there are high levels of social care needs in prison populations, but that needs are often unmet[7,30–34] and that social care provision varies across different prisons[1,16,35] (see *Chapter 4*). Findings extend previous knowledge by providing empirical evidence on national stakeholder and prison lead perspectives on social care provision in prisons in England and Wales, including how these are implemented and the factors influencing social care delivery. Findings extend previous research by outlining the key factors influencing social care provision (dedicated roles, collaboration, processes/procedures and resources). Findings highlight that prisons and local authorities may not always have collaborative working relationships and thus working together to provide social care and peer-supported social care may be challenging. This contradicts the PSI on adult social care, which indicates that all local authorities should have a responsibility to work with prisons to meet social care needs and develop care plans.[26]

While previous findings outlined the existence and variation of peer-supported social care[1,16,35] (see *Chapter 4*), little was known about the development of peer support services for social care and how they have been implemented in practice. Findings extend previous research by highlighting that peer support services vary in practice, across a range of different domains. Most formal peer support services are led by prisons, with only a few models being led collaboratively by local authorities and prisons or external providers and prisons.

Findings indicated that not all prisons have a formalised peer support scheme in place for social care, due to a lack of current need in their establishment. While some examples of clear recruitment, employment, training and support exist in some prisons, many prisons do not yet have these processes in place and none of the prisons we spoke to robustly has all of these procedures in place, despite recommendations for peer support workers to have clear roles, training and supervision.[5,16] This finding supports findings from *Chapter 4* which indicated that peer support schemes for social care, as reported in HMIP reports, varied from informal unsupervised peer support through to buddy schemes with robust training processes.[1] Together, findings refute the PSI which emphasises the need for buddies to be appropriately selected, risk assessed, trained, supported, and supervised to safeguard buddies and recipients.[45] Findings also indicate that despite guidance suggesting that all prison peer support for adult social care schemes should have clear

governance processes,[45] these are not yet in place across all prisons (though there are some examples of good practice). Furthermore, the PSI emphasises that buddies must not provide intimate care, and instead must provide non-personal care social care tasks such as cleaning cells (see *Chapter 1*[45]). Findings support this and indicate that staff report that buddies are mostly providing appropriate levels of non-personal care in prisons in England and Wales (for buddy/recipient views see *Chapters 6* and *7*).

While the size of peer support scheme (in terms of approximate number of buddies and recipients) varies (see *Table 6*), the numbers of people receiving peer support currently (in the prisons studied) were relatively small. The study provides an insight into the potential factors that may have influenced the varied implementation of peer support schemes in England and Wales.

Strengths and limitations

This chapter triangulates findings from prison leads (across 18 prisons) and national leads (across a range of roles). This helps to build a comprehensive view on the context and implementation of peer support schemes for social care in prisons in England and Wales.

We selected a purposive sample of prisons, based on a range of characteristics. However, not all prisons in England and Wales were included in this study, so the findings may not generalise to all models of peer-supported social care. This approach is complementary to the approach taken in *Chapter 4* where we reviewed HMIP reports for the majority of prisons in England and Wales.

As we interviewed only one or two prison leads for each prison, it is possible that we may not have all the relevant information for that establishment. However, the case study (reported in the next chapter) provides further detail on five of the models.

Implications

Prior to this study, there was little known about the factors influencing the implementation of peer support schemes for social care in prisons. These findings can be used to improve such services. From this chapter, we have derived the following implications:

While many prison leads highlighted the importance of peer-supported social care to help address increasing social care needs in their establishment, some prisons may not yet see the value in implementing these schemes, for example due to perceived low numbers of people with social care needs in certain types of prisons. Awareness raising of the need for peer support services for social care in these establishments may be necessary.

Implementing social care peer support services takes time and resources. There is a need for dedicated roles to drive, manage, and support the peer support social care scheme and protected time for staff members. These positions should have clear roles and responsibilities to ensure that social care is not overlooked and that there are adequate resources to manage and lead peer support services for social care.

Collaborations between organisations (e.g. prisons and local authorities or prisons, and local authorities and external organisations) are key for delivering social care and managing peer support social care schemes.

There is a need to formalise peer support, therefore schemes require governance, monitoring, training and supervision processes. Findings indicated that the most formal application, employment and training processes for buddies tended to be those led by the local authority or external provider organisations, so resources and support need to be in place for other prisons to achieve this.

Additionally, findings highlighted some additional barriers that need to be overcome to support the implementation of peer support schemes for social care (including overcoming issues relating to prison regime and access restrictions so that buddies can fulfil their roles), training and raising awareness among prison staff to the importance and need of social care buddies, the need to ensure that the social care peer role is valued and desirable (taking into account the responsibility and the burden that the role may entail), and collaboration across prison departments.

Future research

Future research should aim to explore the implementation of a wider sample of peer support schemes for social care in prisons in England and Wales (including prisons that are new to adopting these models).

Conclusions

Peer support schemes for social care seem to play an important and valued role in social care provision in prisons in England and Wales. However, peer support schemes have been implemented in different ways, with different leadership models, and varied levels of robustness in terms of selection, employment and training processes. Findings highlighted many factors that influence implementation of peer support schemes in England and Wales.

Chapter 6 Experiences of delivering and receiving peer-supported social care in adult prisons in England and Wales

Overview

What was already known:

- Peer support schemes are used for social care in prisons in England and Wales.
- The implementation of peer support schemes for social care is variable and influenced by peer support service factors, prison factors, staff factors and prisoner factors.

What this chapter adds

- Staff, buddies and recipients reported positive views of peer support schemes (e.g. that they are needed, valued, enjoyed by buddies and well received).
- Buddies and recipients generally felt safe delivering and receiving peer-supported social care, with some risks identified (see *Chapter 7*).
- Key factors that influence the delivery and receipt of peer support schemes for social care include respect, reward and recognition, skills, training and awareness for staff and buddies, access and regime, time and capacity for staff and buddies, attitudes of staff and prisoners, and processes and procedures.

Introduction

Earlier chapters have outlined how peer-supported social care services are being used in prisons in England and Wales (see *Chapters 3–5*). While earlier chapters provide insights into the implementation of peer support schemes for social care and the factors influencing social care, no studies (to the authors' current knowledge) have explored the experiences of staff, buddies and recipients who deliver and receive peer support services for social care. Therefore, it is necessary to explore how such services are experienced by staff supporting them, buddies delivering them, and individuals receiving them.

This chapter answers the following questions:

1. How do staff and buddies describe the peer-supported social care offered in prisons in England and Wales?
2. What are the experiences of those delivering or receiving peer-supported social care in adult prisons in England and Wales? Do their experiences differ between different models of peer support schemes?
3. What are the factors influencing delivery and receipt of peer support schemes for social care in prisons in England and Wales? Do these factors differ across different models of peer support schemes?

Methods

This chapter draws on interviews with staff, buddies and recipients at the five case study sites (see *Chapter 2*).

Findings

Prison and participant characteristics

This chapter draws on findings from the five case study prisons, including interviews with staff (*n* = 7), buddies (*n* = 18) and recipients (*n* = 19) (see *Chapter 5* and *Report Supplementary Material 6*).

How do staff and buddies describe the peer-supported social care offered in prisons in England and Wales?

What do staff, buddies and recipients think are the aims and goals of peer-supported social care?

Staff, buddies and recipients reported a range of aims, goals and outcomes of peer-supported social care (*Box 3*).

What support do buddies offer to fellow prisoners for social care?

Staff, peer and recipient findings supported guidance that buddies should provide non-personal social care to fellow prisoners. Findings indicated that the non-personal social care support offered differs depending on the independence and needs of the individual. Support varied between prompting/encouraging recipients to do things for themselves to maintain or develop independence and doing things for them (e.g. cleaning and fetching meals). There were also some risks relating to people taking advantage of the scheme and asking for support who did not need it (see *Chapter 7*).

The number of people that buddies reported supporting varied between buddies and sites but ranged from one client to six clients per buddy. Buddies at all sites reported working 7 days a week with variable hours depending on needs.

What makes a good social care peer?

Staff, buddies and recipients gave their views on what makes a good peer supporter for social care. Key attributes are listed in *Box 4*.

BOX 3 Examples of aims and goals of peer support for social care, reported by staff, buddies and recipients

For recipients:

- Independence
- Enablement
- Advocating for health care when needed
- Companionship
- Receiving the support they need

For buddies:

- Employment skills
- Supporting future parole applications
- Receiving pay
- Sense of purpose and pride

For staff (e.g. prison staff):

- Having eyes and ears on the wings
- Having more time to do work
- More time for healthcare teams to spend with others in need

For prison:

- Adhering to a duty of care
- Having a sense of community

For local authorities:

- Reduced costs

BOX 4 Examples of attributes staff, buddies and recipients highlighted as making a good buddy

- Having empathy
- Being friendly/cheerful
- Having good communication
- Having good listening skills
- Being helpful
- Making time to support others
- Being non-judgemental
- Having no history of threatening behaviour or bullying/violence
- Being carefully chosen/security checked
- Honest, kind and caring
- Boundaries/instruction follower
- Wanting to help people
- Being understanding of others' needs
- Being hardworking
- Having a sense of humour
- Being physically fit
- Being supportive
- Being willing to do things others would not want to do

What are the experiences of those delivering and receiving peer support initiatives for social care in adult prisons in England and Wales?

What are the experiences of staff involved in supporting peer-supported social care? Do experiences differ across different models of peer support?

Similar to prison leads (see *Chapter 5*), staff reported positive views of peer support schemes, including that buddies are valued and do a good job. Staff emphasised that buddies' help is invaluable in supporting recipients but also notifying staff of any issues. Staff highlighted the service is needed and well received by the community.

> *They are absolutely brilliant. I don't know what we'd do without them. They really are amazing lads.*
>
> *Staff interview, site M*

However, staff from one site reported that buddies do not always get praised for their role. Additionally, staff at a further site highlighted that some recipients require reassurance and encouragement to accept care from buddies. One interviewee highlighted that buddies can sometimes find it frustrating when individuals get rejected for formal external social care support as this can put further strain on the buddies.

Benefits and challenges are discussed in *Chapter 7*.

What are the experiences of buddies delivering social care support? Do experiences differ across different models of peer support?

Motivations to become a peer supporter for social care

There were similarities in the motivations that buddies gave for wanting to undertake the role of social care peer. These included wanting to help people, having previous caring experience in the community (either in paid roles in community or caring for family members) and having previous caring experience in prison settings (e.g. in same social care peer role or a similar peer support role). Additional motivations that were highlighted throughout the interviews included wanting to give back, wanting to prove that they are not bad despite having committed an offence, wanting a highly paid job, wanting to make a difference, meeting new people and achieving freedom around the prison.

Views on enjoyment and value of role

Buddies from all case study sites reported enjoying the role. Buddies gave many reasons for this, including getting satisfaction from helping people and seeing them make progress, helping to put recipients' family members' concerns to rest, finding it fulfilling, having a laugh when doing the role, enjoyment from talking to people and listening to their stories, development of own confidence, not being locked up in their cell, making the day go faster and liking to show

people that although they committed offences they are not all bad. Many of the buddies reported positive views about the value of the scheme in terms of helping people and helping to improve their independence.

> *I love my job. I love seeing people happy, knowing that you can take that burden off.*
>
> *Buddy, site L*

Buddies expressed views that they are happy that prisoners are used to provide peer-supported social care. One peer believed social care is better in prison than outside of prison as the recipient receives support every day.

However, buddies did highlight a few negative aspects of their peer support role, for example challenges communicating with staff, perceived lack of awareness of the scheme, dislike of certain parts of the role (biohazards – cleaning blood and excrement), issues relating to being locked up when in the middle of providing care due to prison regime, potential for pettiness between buddies, or disputes between recipients and buddies.

Views on reward and recognition

One aspect of the peer support scheme that buddies across most of the case study sites spoke about was reward and recognition, in relation to not being paid enough, not receiving adequate non-financial recognition and buddies not always having access to uniforms. Uniforms were felt to be important to enable visibility but also to ensure they do not get their own clothes dirty, resulting in challenges relating to washing their own clothes within the prison environment (e.g. cost and availability) (see *Chapter 3* for findings on reward and recognition).

Views on training and support

Views on training and support were highlighted throughout the interviews, with some buddies reporting it was adequate (e.g. that staff were good at supporting them, and were easily contactable and approachable), but other buddies highlighting that improvements to training were needed (see *Chapter 3* for findings on skills, training and awareness).

Views on safety

Buddies across all four case study sites that implement peer-supported social care reported feeling safe in their role.

> *Yes, very safe. I've never, ever had a situation – I've had a situation where they didn't want anyone else and they want me. […] but apart from that, no, I've always felt safe.*
>
> *Buddy, site L*

For example, some buddies stated that they felt safe due to their prison's zero tolerance for violence and that following any trouble people were removed. Others spoke about how they had never had an argument with any of their clients. In one site, buddies spoke about how they work in pairs to ensure their safety and the safety of their clients.

Buddies acknowledged that the risks depended on the client that they were working with, with some recipients being difficult to work with. Some spoke about not feeling safe all of the time. Examples of this included buddies feeling unsafe when receiving accusations from their client of not doing the job properly and experiencing aggression, being shouted at by their recipient to provide attention and listen to their stories again and again, and being blamed if their recipients' order for medicine did not arrive on time (despite the peer having ordered it).

Buddies across two of the case study sites highlighted some safety concerns regarding provision of social care. Examples included it taking too long (a year) for social care to get involved when clients required social care support, recipients not being able to raise alarms that they needed care due to the call bell being too far away from their bed (resulting in the recipient being in bed for 8 hours without support) and people putting in applications to receive social care, but then the applications disappearing (resulting in individuals falling through the gaps and not receiving the social care support that they need).

Benefits and challenges are discussed in *Chapter 7*.

Views on scope of the role

Some buddies raised frustrations regarding the scope of the peer support role, with some buddies wanting more responsibilities (e.g. being able to administer first aid, or to be trained for additional duties such as cleaning biohazards).

Across two of the sites, buddies raised concerns that prison officers often ask them to help people who are not their recipients (e.g. to help move people in one site, and to help clean dirty cells in another site). Buddies emphasised that this can put them in a difficult position as this is not in their job description or part of their workload. This emphasises the importance of clear boundaries.

In one of the sites, buddies reported a lack of clarity on what the role entails for each client, reporting that the duties are not written down, and they do not have access to the care plans and so they rely on the recipient telling them what support they need.

Views on future in role

Across all sites, buddies emphasised that the peer support role is one that they are happy to continue while in prison. However, some buddies emphasised that they do not want to be a carer when released but that they like the variety of the role in prison. Some buddies did speak about potentially wanting to do a caring role in the community if it became available (but only if they were released prior to retirement age).

What are the experiences of individuals receiving peer-supported social care, or social care support more generally? Do experiences differ across different models of peer support?

Social care support needed and received

Across the five case study sites, recipients reported a range of social care support needs which mostly related to health conditions and mobility requirements. Of all of the recipients we interviewed, only four currently received support from an external care provider, with one person needing it but not getting it. All recipients in the four case study sites that have a formal peer support service for social care received peer support. In the case study site that did not report having an official peer support scheme for social care, all but one of the interviewees reported receiving support from an unofficial buddy to help with similar tasks that the formal buddies undertook (*Table 8*).

TABLE 8 Summary of social care support

Site	Social care support needed	Social care support from external carer?	Social care support from buddies?
C	A range of health conditions and mobility requirements, including the use of wheel-chairs and walkers	Two received support from external carer for physical personal care, three did not	All received support from buddies (e.g. to collect meals, cleaning, check-in, reading, helping get medication, support and guidance)
D	Mobility requirements including using a walking stick. One experienced pain. One did not require support with social care	No (but some received support from prison health care)	Not officially but four reported receiving informal support from an unofficial buddy (to help collect meals, and check if okay)
E	A range of health conditions and mobility requirements, for example using a walker and support frame	No (but some received support from healthcare and occupational therapist)	All received support from buddies (check okay, clean, collect food, encourage to shower/wash, help to go to social club or meetings, and guidance)
L	A range of health conditions, breathing difficulties and mobility requirements, including using a wheelchair	Two required external support for personal care (though one has not received this). One did not receive external support	All received support from buddies (cleaning, changing bed and emotional support). One also had an unofficial buddy due to not receiving support from formal buddy
M	A range of health conditions, memory problems and mobility requirements	One received external support in previous prison but did not receive care in current prison as would have had to pay for it. One received support from mental health	All received support from buddies (bringing food, checking okay and walking round with them)

Views on having a buddy

Recipients (from all four sites with peer support) reported many positive views of receiving peer-supported social care. These included feeling that buddies do a great job and meet the needs of recipients, that buddies are reliable, hardworking and caring and that buddies go the extra mile to provide care 7 days a week. Additionally, recipients felt that the buddies contribute to the running of the prison, including that the prison service would fail without a buddy in place, that they improve the prison atmosphere and that they complete the job quicker than staff would.

> *I think without the buddies, we'd be a lot poorer, and we'd be lost without them I think, to be honest with you.*
>
> *Recipient, site E*

In general, recipients across all four sites reported that it did not matter to them that the person providing support was a fellow prisoner and that they are comfortable with their buddy. Some recipients emphasised that they would rather receive support from buddies than paid external social care staff. Many recipients referred to the role of security during the application processes and how this reassured them.

These positive views were also echoed by recipients in the prison that did not have a formal peer support scheme. Recipients reported that they have unofficial buddies that support the recipients informally, and that they do not know how they would cope without them. Recipients highlighted that if they had any issues, they would ask a fellow prisoner for help and that they did not mind (and that some preferred) that the person supporting them was also a prisoner. When asked about their views on having a formal buddy, recipients in this site were mixed, with some emphasising that they were happy to receive unofficial peer support instead of a formal system and that they did not need more buddy support, and others emphasising that a formal peer support scheme would be helpful for those who struggle with mobility and to help them live independently and that it would be good for buddies to be paid for their role.

However, some negative views on peer support were also shared by recipients, including needing more consistent care from buddies (with some reporting that the peer has not offered support more than twice since Christmas and that they still need an informal unofficial buddy in addition), difficulties accessing peer support due to buddies being overworked, difficulties in how the peer support scheme was set up (e.g. reliance on the number-one buddy to keep it running), a need for regular meetings, and difficulties associated with changeover of buddies making it difficult to keep track. In one site, recipients raised concerns about them having unmet needs for social care.

In the prison that did not have a formal peer support scheme, participants spoke about there not being a need for a formal peer support scheme for social care due to the prison being an open prison that tries to make people independent for release, and having support from a club for older prisoners and there being no added benefits. However, when discussing unofficial buddy support, findings contradicted this as participants raised concerns about not knowing what would happen if unofficial buddies stopped providing support, as everyone supports each other.

Views on relationship with buddy

Recipients from all four case study sites that had formal peer support schemes highlighted that they get on well with their buddy and that they trust them. Many of the recipients emphasised the value of receiving emotional support from their buddy. Some buddies did discuss how it took a while to build trust and rapport and that they initially were nervous about receiving peer support until they got to know them.

Views on safety

In terms of safety, recipients across all five sites (including the unofficial peer support) reported that they had no concerns about the use of buddies to provide non-personal social care support. But this feeling of safety was conditional on the recipients knowing that they were carefully picked and security cleared (in sites with formal schemes). Some recipients did however highlight initial concerns and that it took a while to get to know their peer supporter.

However, recipients did acknowledge that there are some buddies that they cannot trust and highlighted some initial worries when they first found out about the buddy scheme (e.g. because of bad past experiences with buddies, or due to worries of being ridiculed). In the site without an official peer support scheme, there was emphasis that the prisoners

needed to be honest and that there would be worries if there were dishonest prisoners, therefore highlighting the risks of lack of selection in unofficial schemes such as this one.

One recipient also raised issues surrounding the safety of buddies and not wanting to discuss certain topics (e.g. suicide) to buddies as they would have to report it and would not want the buddy to lose their job, feel unsafe or get told off for something the recipient has done.

Benefits and challenges are discussed in *Chapter 7*.

Views on understanding of peer support service

Views on recipients understanding of peer support services for social care were only discussed in two of the case study sites. In these sites, some recipients reported being told about the service, but recipients did not receive leaflets about the service or what buddies could and could not do.

Views on peer impact on independence

Recipients across all sites raised the need to stay as independent as possible and that they did not want to rely on the peer too much for support. However, some recipients emphasised that they could not manage without their peer as they would not be able to get dinner.

Views on support from staff

Recipients in two sites reported views that the external support and staff support is appropriate, with one recipient emphasising that it would be preferable for external providers to provide personal care and not prisoners. In two of the sites, recipients raised issues with support from staff, including external support stopping, officers not understanding needs and feeling like an inconvenience (e.g. staff not allowed to push wheelchair). One recipient reported that they do not receive formal social care support but that the prison officers are kind.

What are the factors influencing the delivery and receipt of peer-supported social care in prisons in England and Wales?

We identified 10 themes that influence the delivery and receipt of peer-supported social care in prisons in England and Wales: (1) Respect, reward and recognition; (2) Skills, training and awareness; (3) Access and regime; (4) Time and capacity; (5) Equipment; (6) Relationships and communication; (7) Attitudes of staff, buddies and recipients; (8) Processes and procedures; (9) Boundaries and (10) Continuity. A summary of the themes, subthemes and example quotes are shown in *Appendix 5*, *Table 33*.

Some themes and subthemes were more frequently discussed than others. The most frequently reported themes included: respect, reward and recognition; skills, training and awareness; access and regime; time and capacity, attitudes; and processes and procedures. These were reported as barriers or facilitators across all case study sites and participant groups. A summary of the frequency with which themes and subthemes are reported is provided in *Appendix 5*, *Table 34*.

Respect, reward and recognition

Findings highlighted that key barriers to delivery included perceptions that pay was not sufficient, nor reflective of the role, time commitment (up to 7 days a week), and demanding responsibilities. While pay differed across prisons (£5–25 + extra for additional responsibilities), findings highlighted that pay was consistently reported to be a barrier across all four case study sites with a peer support scheme, but also in the case study site without a peer support scheme (as this site had informal buddies who are not paid for their role). While this finding was mostly frequently reported by buddies, it was echoed by staff and recipients across different prisons.

A further barrier was a perceived lack of recognition whereby buddies do not receive formal written or verbal recognition for the work that they do. Buddies and recipients felt that buddies were recognised for their role in that it was valued and appreciated by staff, and they perceived verbal feedback from staff as counting towards their parole report and their end goal of release. Staff from two sites also acknowledged peer recognition as a facilitator.

Skills, training and awareness

Buddies, staff and recipients highlighted the importance of training peers, with the provision of training and shadowing of buddies/learning on-the-job facilitating delivery, but a lack of training (whole modules or single courses) limited their ability to undertake their role.

Staff training and awareness was also perceived to be a key barrier to peer support, in that staff do not always understand what social care is, what social care is available and what the peer supporters do. The importance of both peer training and staff training was highlighted by all participant groups across all case study sites with a peer support scheme as both a barrier and facilitator. Additionally, staff training was highlighted as a barrier and facilitator for the prison without a peer support scheme for social care.

Access and regime

Staff, buddies and recipients across most case study sites reported that a restricted regime limits peer support as it means that buddies are unable to provide necessary support to their recipients (e.g. during lock-up, or out of hours), thus making it difficult for buddies to fit all of their work in. However, one site reported that access was a facilitator as they reported having a facilitative regime which allowed buddies to be open all day (with the exception of roll call).

Time and capacity

Time and capacity of both buddies and staff influenced delivery. Peer time helped and hindered peer support, with a lack of peer time restricting their ability to provide care (e.g. when lock-up occurs), versus having time to undertake the job (being open all day). Additionally, having a team of buddies to provide support was felt to enable buddies to undertake their role.

All groups across all sites reported the challenge of staff time, and how limited staff time impacts on the scheme. Participants discussed how staff did not always have time to support buddies in their role due to competing demands.

Equipment

Findings from all participant groups interviews across all sites highlighted that access to and maintenance of equipment for social care (including personal protective equipment and phones) is necessary for the provision of peer-supported social care.

Relationships

Staff, buddies and recipients indicated that lack of positive relationships between buddies and their recipients, buddies and staff (particularly lack of communication), between recipients and staff, and between prisons, limited peer support schemes for social care and made the job more difficult. On the other hand, findings indicate that positive peer and staff relationships (including communication), relationships between buddies, relationships between buddies and recipients, relationships between prison departments and between organisations (e.g. prison and local authorities) facilitated the delivery of peer-supported social care. The importance of positive peer and recipient relationships was highlighted across all sites and participant groups. However, the importance of peer and staff relationships, peer relationships, and across-prison relationships was highlighted only by buddies and staff. The importance of recipient and staff relationships, and relationships between prison departments, was highlighted by recipients and staff. Staff from all prisons highlighted the importance of cross-organisational relationships (e.g. local authority and prison).

Attitudes

Negative staff attitudes towards peer support schemes (e.g. resistance, disinterest, add-on role, lack of understanding and ignorance, or no empathy or compassion) and recipient attitudes (e.g. wanting to remain independent, trying to receive support not entitled to, not wanting to look after themselves, reluctant to receive care, shyness, or stubbornness) limited delivery of peer-supported social care. Buddies highlighted that a facilitator to peer support was their own attitudes towards the role and their own motivation.

Processes and procedures

Findings from all groups of participants highlighted a need for clear processes and procedures. For example, a lack of processes (including succession planning to replace number-one buddies, contracts, training records, and to identify

those in need) and lack of standardisation of care was perceived to limit peer-supported social care. On the other hand, buddies being able to make referrals for social care and formal agreements between buddies and recipients facilitated peer-supported social care.

Boundaries

Participants from all groups and prisons highlighted that clear boundaries are key for safety. Some buddies and recipients reported barriers associated with the current rules and regulations of peer-supported social care in that buddies are not allowed to physically touch their recipients. Buddies and recipients reported desires for buddies to have additional responsibilities, including being able to administer first aid, having contact so they can help someone up if they fall, helping someone to pull their jumper down, and helping with physiotherapy exercises would be helpful in supporting peer support provision.

Continuity of care

Some buddies, recipients and staff emphasised the importance of continuity of staff in leading and supporting the peer support schemes and that a lack of continuity has made this challenging.

There were mixed views on the need for continuity of buddies, with some recipients reporting that it would be helpful to build trust, and some buddies reporting that rotation of buddies was helpful to prevent over attachment. Different models of peer support were used in different case study sites, for example in some case study sites buddies worked as a team to provide care to all recipients, whereas in other sites buddies had a caseload of recipients who they worked with every day.

Discussion

Key findings

Generally, staff, buddies and recipients reported positive views of peer support schemes (e.g. that they are needed, valued, enjoyed by buddies and well received). Buddies and recipients generally felt safe delivering and receiving peer-supported social care, with a few exceptions (see *Chapter 7*). Additionally, the study highlighted that even in the site that reported not having a peer support scheme due to a lack of social care need (see *Chapter 5*), there was in fact a need highlighted by recipients; needs which were supported by informal buddies. Findings indicated that not all buddies are paid equally, with pay ranging from £5 a week to £25 (+ extra pay for additional responsibilities).

The study highlighted 10 factors that help and/or get in the way of peer-supported social care. The most frequently reported factors included: respect, reward and recognition; skills, training and awareness for staff and buddies; access and regime; time and capacity for staff and buddies; attitudes of staff and prisoners; and processes and procedures. Findings offered insight into what makes a good peer supporter for social care from the perspectives of staff, buddies and recipients (e.g. empathy, good communication and listening skills, being non-judgemental, and being carefully selected). Furthermore, many buddies in these roles have a history of undertaking caring roles in community or prison settings.

How findings relate to previous research

Findings offer staff, peer and recipient perspectives on what makes a good peer supporter for social care that may be helpful when developing guidelines for selecting buddies in future.

Furthermore, findings indicate that even in situations whereby staff perceive there not to be a social care need (e.g. in certain prison types where independence is an important factor), recipients still report the need for some non-personal social care support and report the role of informal buddies in providing this support. This supports findings from the documentary analysis which indicated that informal peer support schemes are used in a number of prisons in England and Wales (see *Chapter 4*[1]). However, PSIs highlight that informal buddies should not be used when recipients require regular support related to their health and social care support.[45] In line with this guidance, there may be a need to formalise informal peer support in these prisons, even with small amounts of need. Differences in perceived need from

staff and recipients indicate that it may be challenging to tell when informal support becomes formal support (e.g. perhaps due to factors such as prisoners wanting to show their independence in order to stay in an open prison) and therefore mitigations are needed to ensure that peer support is safely delivered in these situations.

Findings extend previous research that has been conducted into experience of other peer support schemes in prisons (see *Chapter 3*[6,40,41]), by demonstrating that staff, buddies and recipients generally felt positively about peer support schemes for adult social care in prisons in England and Wales, and that support from buddies is acceptable as long as appropriate safeguards and training are in place. However, findings highlight that these schemes may not be valued by the prison estate, due to the low pay and lack of recognition and that other factors, such as lack of time and regime, make it difficult for buddies to undertake their role. Furthermore, findings highlight the need for staff to have time to support the buddies and also for staff to have an understanding of the peer role in order to ensure that the scheme runs smoothly in practice. Additionally, certain risks must be mitigated against for peer support schemes to be safely delivered (see *Chapter 7*).

Strengths and limitations

This study was a collaboration between researchers with experience of conducting rapid evaluations of health and social care services and EP:IC consultants who are an experienced team of researchers in conducting research across prison settings. This helped to ensure that the study was able to be conducted efficiently in a rapid way. Additionally, researchers from EP:IC consultants who collected the data are independent from prisons, and some have lived experience of prison. This was a key strength as prisoners wanted to open up and talk to them about their experiences.

We sampled five case study prisons that have different characteristics, including location in England and Wales, type of prison, male/women's prison and model of peer support. However, findings on staff, peer, and recipient experience do not necessarily generalise across all prisons offering peer-supported social care in England and Wales. Additionally, the number of interviews undertaken with staff, buddies and recipients differed across sites (depending on availability of interviewees and amount of time in each site to collect data). Therefore, the sample was likely to be over-representative of certain characteristics, for example White British and older prisoners and under-representative of others, for example staff members involved in supporting peer support, individuals with other types of social care need (e.g. those with learning disabilities or other needs) and individuals from other ethnicities (e.g. recipients of care). Despite asking to interview recipients of care that were not White British, we were unable to identify any in the sample. The sample was largely dependent on support from the prisons when selecting potential participants, therefore, this may have skewed the sample.

Also, as the study focused on social care and included interviews with recipients of social care, some of the recipients of care may have had both physical (e.g. hearing loss or fatigue) and/or cognitive impairments (e.g. memory difficulties). Therefore, researchers involved in data collection reflected that there may have been some participants who may not have heard or understood all of the questions asked in the interview, which may have limited the responses we received. However, all participants gave informed written or verbal consent, and the researchers from EP:IC consultants who collected prisoner interview data were experienced researchers and used judgement on when to stop interviews early, or when to rephrase questions to ensure that participants were able to take part. For example, one interview was stopped early when a participant appeared too tired to continue or was unable to give an appropriate answer. However, it was important to ensure that we spoke to as many recipients of care with as many varying needs as possible.

Implications

Findings provide lessons on how to improve peer support schemes from the perspectives of buddies, recipients and staff. Potential improvements to the scheme include standardising employment practices (e.g. when recruiting and selecting buddies), using clear governance processes to monitor the peer support schemes in practice (including monitoring of peer social care role), providing regular training and supervision opportunities for buddies on how to do peer support roles, providing regular training and support for staff in terms of what the peer support role is and why it is important for social care, and ensuring that buddies and staff have time to support the peer support scheme.

Furthermore, findings highlight that to prevent informal peer support schemes from happening, formal peer support schemes for social care may need to be established in prisons that do not necessarily have a perceived need to ensure safeguarding responsibilities of both buddies and recipients.

Future research

Future research is needed to explore how stakeholders in other prisons experience peer support schemes for social care and the factors that influence delivery and receipt of peer support in those establishments. If the service and governance processes are rolled out and mandated across prisons, further research would be needed to ensure that peer support schemes are being delivered consistently across establishments.

Conclusions

Generally, staff, buddies and recipients reported positive views of peer support schemes (e.g. that they are needed, valued, enjoyed by buddies, and well received). Buddies and recipients generally felt safe delivering and receiving peer-supported social care, with a few exceptions (see *Chapter 7*). Factors that influence the delivery and receipt of peer support schemes for social care include respect, reward and recognition, skills, training and awareness for staff and buddies, access and regime, time and capacity for staff and buddies, attitudes of staff and prisoners, and processes and procedures. Buddies must be carefully selected and require a range of skills including empathy, good communication and listening skills, and being non-judgemental.

Chapter 7 Benefits and risks of peer-supported social care in prisons in England and Wales

Overview

What was already known:

- Peer support schemes may have a range of benefits for prisons, staff and prisoners.
- Additionally, some risks of peer support in general have been identified (e.g. burden and risks of bullying).
- It was not known what the benefits and risks of peer-supported social care are.

What this chapter adds:

- The study has highlighted a range of benefits for the wider society, prison, staff, buddies and recipients.
- However, several risks were identified that need to be mitigated against, including risks to recipients, risks to buddies, and exploitation of the scheme by recipients and buddies.
- Findings highlight a need to put systems in place to prevent and monitor risks to buddies and recipients.

Introduction

Peer support schemes are being used for social care in prisons in England and Wales (see *Chapters 3–6*[1,42,43]). Some knowledge on benefits (e.g. lower costs, increased prisoner confidence and saving staff time) and risks (e.g. burden for peers, issues of confidentiality, and risks of bullying and manipulation) of peer support schemes have been identified (see *Chapter 3*[6,40,41,129]). However, there is limited knowledge on the perceived risks and benefits of peer-supported social care specifically.

This chapter answers the following questions:

1. What do stakeholders perceive to be the benefits and risks of implementing peer support schemes for social care in prisons in England and Wales?
2. Do perceived benefits and risks differ across different stakeholder groups?

Methods

This chapter draws on findings from the workshop, interviews with national leads, interviews with prison leads and interviews with staff, buddies and recipients (see *Chapter 2*).

Findings

Participant characteristics

We interviewed national leads (n = 7), prison leads across 18 prisons (n = 20), staff (n = 7), buddies (n = 18) and recipients (n = 19), and held a workshop with 13 national and local stakeholders (see *Report Supplementary Material 6*).

What are the perceived benefits of peer support schemes for social care in prisons in England and Wales?

Benefits of social care peer support schemes were identified (see *Table 9*).

TABLE 9 Stakeholder perceptions of benefits of peer support

Who the benefit is for	Subcategory	Perceived benefits	Reported in workshop	Reported in national lead interviews (*n* = 7)	Reported by prison leads (number of prisons reported in) (*n* = 18)	Reported by staff from the 5 case study sites	Reported by buddies from the 5 case study sites	Reported by recipients from the 5 case study sites
System/ society	Resource implications	Provide a level of support that cannot be supplied by other services	X					
		Free up public resources	X					
	Crime rates	Reduced reoffending	X					
Prison	Safety/safe-guarding/risk management	Safer prison	X	X	X (*n* = 3)			X (*n* = 1)
		Highlight safeguarding concerns			X (*n* = 3)	X (*n* = 1)	X (*n* = 2)	
		Reduce litigation				X (*n* = 1)		
	Prison atmosphere	Improved prison community ethos and understanding (e.g. of social care needs)		X	X (*n* = 4)		X (*n* = 1)	X (*n* = 1)
		Positive prisoner-to-prisoner interactions			X (*n* = 1)			
		Positive prisoner and staff interactions	X		X (*n* = 4)			
		Helps prison run/helps regime work better		X			X (*n* = 2)	X (*n* = 1)
	Supporting care provision	Can ensure care provision in some prisons is more stable	X					
		Takes pressure off prison staff	X	X		X (*n* = 1)	X (*n* = 4)	X (*n* = 2)
	Financial implications	Reduced prison costs		X	X (*n* = 1)	X (*n* = 3)	X (*n* = 3)	X (*n* = 2)
Staff	Reducing workforce pressure	Saving/alleviating pressure on prison staff time		X	X (*n* = 14)	X (*n* = 2)	X (*n* = 3)	X (*n* = 3)
		Saving/alleviating pressure on local authority staff time		X	X (*n* = 4)	X (*n* = 1)	X (*n* = 1)	
		Reducing need for additional staff			X (*n* = 3)	X (*n* = 1)	X (*n* = 1)	X (*n* = 1)
	Safety/safe-guarding/risk management	Buddies being eyes and ears for staff and providing intelligence or liaison role to enable early intervention	X	X	X (*n* = 4)	X (*n* = 2)	X (*n* = 2)	X (*n* = 1)
	Supporting care provision	Prisoners doing jobs staff would refuse to do, or be unable to do	X	X	X (*n* = 1)	X (*n* = 1)		
		Providing support for staff	X		X (*n* = 1)		X (*n* = 1)	X (*n* = 2)

continued

TABLE 9 Stakeholder perceptions of benefits of peer support (*continued*)

Who the benefit is for	Subcategory	Perceived benefits	Reported in workshop	Reported in national lead interviews (*n* = 7)	Reported by prison leads (number of prisons reported in) (*n* = 18)	Reported by staff from the 5 case study sites	Reported by buddies from the 5 case study sites	Reported by recipients from the 5 case study sites
Peer	Personal development	Giving back/repairing debts/sense of value		X	X (*n* = 8)	X (*n* = 2)	X (*n* = 4)	
		Development of caring skills (care, compassion and empathy)	X	X	X (*n* = 4)		X (*n* = 1)	
		Confidence and self-esteem	X	X			X (*n* = 2)	
	Mental health and well-being	Satisfaction/pride			X (*n* = 6)		X (*n* = 4)	X (*n* = 3)
		Keeps buddies busy			X (*n* = 1)		X (*n* = 2)	X (*n* = 1)
		Time out of cell			X (*n* = 1)		X (*n* = 2)	
		Reducing isolation	X	X				
		Improved mental health/ reduce self-harming	X				X (*n* = 1)	
		Replicating job/life from community					X (*n* = 2)	
	Financial benefit	Well-paid job/ 'honest wage'			X (*n* = 1)	X (*n* = 1)	X (*n* = 1)	
	Employability/ upskilling	Skills development	X	X	X (*n* = 7)	X (*n* = 1)	X (*n* = 3)	X (*n* = 1)
		CV building/employment prospects	X		X (*n* = 3)	X (*n* = 1)	X (*n* = 2)	
	Relationships	Wanting to support staff			X (*n* = 1)			
		Positive relationship building between prisoners	X		X (*n* = 1)		X (*n* = 3)	
		Integrating with prison community	X	X				
	Impact on sentence trajectory	Prison records/parole			X (*n* = 3)	X (*n* = 1)	X (*n* = 1)	
Recipient	Meeting social care needs and physical needs	Helps people receive support they need and may not otherwise receive	X	X	X (*n* = 11)	X (*n* = 2)	X (*n* = 4)	X (*n* = 5)
		Have an advocate			X (*n* = 2)			X (*n* = 1)
		Feel cared for					X (*n* = 3)	
		Urgent support identified and notified quicker than if from staff	X					X (*n* = 1)
		Practical support (e.g. form filling)						X (*n* = 1)
	Reduction of formal social care support	Promote independence	X			X (*n* = 2)	X (*n* = 3)	

TABLE 9 Stakeholder perceptions of benefits of peer support (*continued*)

Who the benefit is for	Subcategory	Perceived benefits	Reported in workshop	Reported in national lead interviews (*n* = 7)	Reported by prison leads (number of prisons reported in) (*n* = 18)	Reported by staff from the 5 case study sites	Reported by buddies from the 5 case study sites	Reported by recipients from the 5 case study sites
	Mental health	Less demeaning than staff helping			X (*n* = 1)	X (*n* = 1)		X (*n* = 1)
		Reduced fear/anxiety	X	X				
		Emotional benefits/ support		X			X (*n* = 3)	X (*n* = 3)
		Increase in confidence and self-esteem	X		X (*n* = 1)	X (*n* = 1)	X (*n* = 1)	X (*n* = 2)
		Reduce self-harm	X			X (*n* = 1)	X (*n* = 1)	X (*n* = 1)
	Participation in prison life	Enables participation and adjustment to regime/ integration with prison community	X	X	X (*n* = 8)		X (*n* = 2)	X (*n* = 1)
	Personal safety	Safeguarding role (making sure people are not taken advantage of, exploited, bullied or teased)	X	X				
		Keep out of trouble						X (*n* = 1)
	Relationship development	More likely to open up to another prisoner than staff			X (*n* = 8)	X (*n* = 2)	X (*n* = 1)	X (*n* = 1)
		Prisoner relationship building/reduced isolation	X	X	X (*n* = 5)		X (*n* = 3)	X (*n* = 2)
		Translation into other languages or communication (e.g. sign language)			X (*n* = 2)	X (*n* = 1)		
	Care on release	Prepare for release (through development of independence)			X (*n* = 2)	X (*n* = 1)	X (*n* = 1)	

Note
Benefits are allocated to groups, but some benefits may have impact across different categories.

Many potential benefits were identified across the data sources. These included benefits for the system/society, benefits for the prison, benefits for staff, benefits for buddies and benefits for recipients.

Benefits for system/society

Benefits for the system and the wider society were largely discussed in the workshop, with views that there are resourcing benefits (e.g. freeing up public resources) and potential benefits for reducing crime rates by reducing reoffending.

Benefits for prison

Benefits for the prison included safeguarding and safety (e.g. improving prison safety and highlighting safeguarding concerns), the prison atmosphere (e.g. improving the prison community ethos, building relationships and helping the prison run more efficiently), supporting care provision (e.g. taking pressure off the prison staff) and financial implications

(e.g. reducing costs for prisons and local authorities). Cost savings were mostly discussed by case study participants (staff, buddies and recipients).

> *If we didn't have the buddy scheme, I think you know a lot of prisoners would be, the outcomes would be a lot different, and I think people would really struggle, and their health would deteriorate, and we just haven't got the time to focus entirely on doing that.*
>
> *Prison lead, site P*

> *Well, it's got to be saving them a few quid, isn't it. They're saving a hell a lot of money.*
>
> *Recipient, site L*

Benefits for staff

Benefits for staff included reducing workforce pressures (e.g. saving prison staff time and reducing the need for additional staff), providing staff with safeguarding information, and supporting care provision (by doing jobs that staff may not feel is part of their job description or that staff may not want to do, and supporting staff).

> *We take quite a lot of the pressure off of the staff. Because the clients can then ask us to get the washing up liquid […] I think that's what benefits the prison. Also, it takes a lot of pressure off of the not enough staffed social care that they haven't got.*
>
> *Peer, site C*

> *So we had a particular case recently that the gentleman used to be always out and about, and then he started just staying in his room and not really doing anything, […] the peers sort of picked up on that. And then sort of highlighted it to myself, and then we went and reviewed him, and there was some physical health issues going on. So we managed to get him a GP appointment and try to address that.*
>
> *Prison lead, site G*

Benefits for buddies

Benefits for buddies were identified, including personal development (e.g. giving back/feeling a sense of value and developing caring skills), benefits for mental health and well-being (e.g. satisfaction and pride), financial benefit (earning an honest wage), employability (e.g. skills development), building relationships, and benefits for their sentence trajectory (prison parole/records).

> *I get a great satisfaction you know, […] it makes you feel better. When you go to your cell at night when you're locked up, you think, you feel like you've had a worth, you've made someone's life just a little bit better and that gives me a good feeling, it helps my well-being.*
>
> *Peer, site M*

Benefits for recipients

The main identified benefits to recipients were better meeting their social care needs and enabling them to receive support they may need but may not receive otherwise, and allowing them to participate in the prison regime and integrate with the prison community. Other benefits included promoting independence, improving mental health (e.g. improving confidence and receiving emotional support), building relationships and preparation for release.

> *I've actually found it being a big help […] Because I mean, there's a lot of stuff that even I wouldn't have been able to[…] I couldn't sort of scrub the shower out, sort of thing.*
>
> *Recipient, site C*

What are the perceived risks and challenges of peer support schemes for social care in prisons in England and Wales?

While many benefits for the prison, staff, recipients and buddies were identified, workshop participants and interviewees also highlighted some risks and challenges of peer-supported social care that need to be considered (*Table 10*).

TABLE 10 Risks of peer-supported social care identified by participants

Type of risk	Reported in workshop	Reported in national lead interviews (*n* = 7)	Reported by prison leads (number of prisons reported in) (*n* = 18)	Reported by staff from 5 case study sites	Reported by buddies from 5 case study sites	Reported by recipients from 5 case study sites
Risks to recipients (e.g. safeguarding concerns or issues, risks of bullying, accusations of stealing, buddies stepping over boundaries and risks of dishonest prisoners)	X	X (*n* = 5)	X (*n* = 17)	X (*n* = 3)	X (*n* = 3)	X (*n* = 3)
Risks to buddies (e.g. burden and emotional risks)	X	X (*n* = 6)	X (*n* = 10)	X (*n* = 3)	X (*n* = 4)	X (*n* = 2)
Exploitation of role by staff/buddies/ recipients (e.g. facilitating trafficking of contraband, or being asked to do things not part of role)	X	X (*n* = 2)	X (*n* = 13)	X (*n* = 2)	X (*n* = 4)	X (*n* = 1)
Buddies raising care expectation (e.g. need to manage expectations and not raise care expectations)		X (*n* = 5)	X (*n* = 4)	X (*n* = 1)		
Buddy expectations on release (e.g. unrealistic expectations relating to a job in caring roles)	X	X (*n* = 5)				
Risk to the quality of care that individuals are receiving (e.g. risks of recipients not receiving formal support due to receiving peer support, or difficulties accessing peer support, no standard to compare against)	X	X (*n* = 3)	X (*n* = 6)			
Conflicts in peer support roles (e.g. different confidentiality clauses)			X (*n* = 2)		X (*n* = 1)	
Risks associated with the practicalities of having boundaries in place (e.g. risks of the line being crossed or unmet need due to sticking to boundaries)				X (*n* = 2)	X (*n* = 3)	X (*n* = 1)
Risks of delays/gaps in care provision (e.g. identified delays or gaps in social care provision)	X	X (*n* = 2)		X (*n* = 2)	X (*n* = 4)	X (*n* = 1)
Risks to continuity on transfer or release (e.g. lack of processes to ensure continuity)	X					

Some of the risks were more frequently reported than others. Below, we discuss the most frequently reported risk categories in detail, and then briefly discuss the less frequently reported risks.

Most frequently reported risks

Risks to recipients Risks to recipients identified across all data sources including safeguarding concerns or issues (e.g. potential risks of recipients being abused by buddies), risks of buddies bullying peers, risks of unhealthy relationships developing, accusations of stealing, buddies stepping over boundaries and risks of dishonest prisoners. For example, some prison leads reported that buddies have been sacked from the role in the past for general misdemeanours (not to do with their buddy role), for bullying recipients, or doing something they should not be doing. Some prison leads also highlighted that they have had issues with some peers stepping outside of their boundaries, or recruitment of buddies who may not be allowed to act in caring roles in the community due to their offence type (due to not having enough

information when recruiting buddies in the first instance, and therefore the need for close supervision and monitoring of individuals in these roles). Additionally, some recipients felt apprehensive when they initially started receiving peer support as they had previously had bad experiences of buddies taking advantage in the past (e.g. going through their belongings).

Some prison leads highlighted that there have not been any issues as of yet but that 'it could be an accident waiting to happen', thus emphasising the need to put mitigations in place to minimise the risk. Buddies, staff and recipients all emphasised the need of making sure that buddies have the right motivations and are selected carefully and security checked. Additionally having a lack of security checks or vetting processes was felt to enhance risks to recipients. However, some prisons spoke about having controls in place to mitigate against this when selecting peers [e.g. involving security during the application process to ensure that the right people are in these roles (based on offence type, etc. and prisoner motivations), notifications by security of any concerns, conversations with peers and recipients to identify issues, and resolving issues should they arise (e.g. suspending buddies if any misdemeanours are identified during role)]. However, monitoring and regulation of peer support services were not frequently reported by prison leads (see *Chapters 5* and *8*–*10*).

> *If there's any suggestion of someone being dodgy they can't be because I'm not having them bully older or disabled prisoners […] I don't know if it's happened in the past because like I said we're trying to get it back up there but I'll be making it clear if anyone's caught getting bribes then they will be off the process, they won't be welcome as a buddy and they will get punished within the normal prison rules so they're not immune to that so they know, the rules are crystal clear.*
>
> *Prison lead, site B*

> *Yes, there can be conflicts in the role. Where somebody accuses somebody else of stealing or whatever, or there could be safeguarding issues as well, where you've got somebody helping someone write their canteen out and you've just got to be really mindful of all those things.*
>
> *Prison lead, site C*

One of the frequently reported benefits was that buddies play a large role in safeguarding prisoners (e.g. from bullying or exploitation from other prisoners). Therefore, with appropriate monitoring of buddies, the risk from buddies may perhaps be easier to mitigate than those risks from the general prison population and may help to reduce safeguarding issues arising more generally.

Some recipients also raised concerns regarding the peer support service taking independence away from them by doing tasks that they could be encouraged to do themselves (e.g. cleaning their cell). In *Chapters 5* and *6*, this was reported as a key difference in different peer support schemes, with some schemes aiming to help recipients maintain and develop independence, and other peer support schemes much more task-focused on peers doing the jobs for the recipients and thus limiting their ability to develop independence themselves.

Risks to buddies Findings identified a risk of burden and emotional risks for buddies. For example, the burden of working with challenging or demanding clients, buddies getting burned out due to the demands of the role, risks to buddies' mental health if they are paired with someone who has experience of something which is triggering to the buddy, or becoming overly attached to recipients.

> *You have to be very careful who you are linking individuals with because some [buddies] may not have declared any historical offence which has occurred in their life which affected them badly, and we may be pairing them with somebody who also is going through something which triggers memories of what they went through, and this could be a detriment to our [buddies'] mental health and well-being.*
>
> *Prison lead, site R*

Additionally, findings from staff, buddies and recipients highlighted that buddies have experienced some risks undertaking their role as social care buddies, for example recipients threatening buddies to give them some of their pay or other threats, recipients being antisocial or aggressive towards buddies, buddies being blamed by recipients if they

do not get what they need (e.g. medicines that buddies have helped to order), and recipients taking up too much of the buddies' time.

> *How safe? I feel very safe. Well I've had a couple of clients in the past that have been more a danger but then you know your boundaries and you step back. […] You don't get yourself in a dangerous situation.*
>
> *Buddy, site C*

Some risks to buddies were identified by one group of participants only. For example, recipients also highlighted a potential risk of buddies getting into trouble if recipients tell them something (e.g. relating to suicide) and they do not escalate it. National stakeholders identified a potential risk to buddies if they whistle-blow safeguarding issues relating to staff, and that buddies may still have to remain in that prison in coming years. Additionally, prison leads highlighted that buddies may experience risk of overstepping boundaries, due to a sense of responsibility if they are not allowed to provide certain types of care, but that person's needs are not being met by others.

> *Sometimes when you've got a woman who's really helpful and just wants to help that person it's hard to pull them back a little bit and make them rein it in, you know, just, it's like, it's not what you're there for, you've got other people to do that job and you know, you're putting yourself and that other person at risk by doing that.*
>
> *Prison lead, site L*

Exploitation of role All groups of participants identified potential for the role to be exploited by staff, buddies and/or recipients. For example, buddies and/or recipients have been found to use the role to facilitate trafficking contraband or obtain goods.

> *So from previous experience, we have people in roles that were then going to different wings and kind of escorting and things around the wings that they shouldn't have been.*
>
> *Prison lead, site J*

> *If you're that way inclined and you're manipulative, you can take advantage of quite a few of the old boys.*
>
> *Buddy, site C*

On the other hand, recipients have been found to exploit the role by claiming they need more support than they actually need.

> *She didn't need it, that was the thing, she didn't need it, she was just trying to pull on people's heartstrings a little bit.*
>
> *Prison lead, site L*

Secondly, peer support roles for social care may be exploited by staff asking them to carry out duties which are not part of their role, for example staff asking them to support prisoners who are not their clients (and buddies not feeling able to say no to staff). This includes being asked to perform roles that are not in their job description such as helping non-clients move, or cleaning non-client cells that are dirty or are inappropriate for the role (e.g. taking blood sugars). Additionally, one lead identified a reliance on buddies to provide specialised care when the prison does not have trained staff available. Workshop participants also raised risks relating to social care buddies being seen as a cheap solution instead of investing in prison officers.

> *Because occasionally we have had in past where somebody might have, they might not be able to get in the shower, so staff will say to them, mate, you're his buddy, go and take him in the shower type of thing. So they'll obviously often explain to staff, oh no that's not my role gov you know what I mean because my role is that, that, and the other.*
>
> *Prison lead, site P*

> *You know it's a case of if they need somebody moved we're kind of like Pickford's now, because we're buddies […] they just think that's our position, that's our job to move, to help the OAP move. You know if they're not really on the books we don't have a duty to do that but we do because we don't mind doing it and I think sometimes they come across in a way that they expect it.*
>
> *Buddy, site E*

Less frequently reported risks

Buddies raising care expectations Some participants (prison leads, national stakeholders and staff) highlighted potential difficulties associated with different people requiring different levels of care, and therefore a need to manage expectations and the risk of peers not sticking to boundaries relating to their role and inadvertently raising expectations of what care recipients should be receiving.

Buddy expectations on release Some national leads highlighted risks around perceptions of transferability of the role. For example, some buddies may believe that they could be employed in care roles following prison, but national leads emphasised that the law is clear on this and that this would not be possible. Some issues were raised around prisons wanting to introduce care qualifications, but that this may raise the expectation of a care job following release. Participants highlighted that they should not be seen to be equipping prisoners with care roles for these reasons but that this may not always be considered. This risk was not, however, raised by peers or recipients.

Risk to quality of care One national stakeholder who was interviewed raised a potential risk of peer support potentially preventing prisoners from receiving more appropriate support in some situations. Further challenges in the workshop were highlighted in relation to risks associated with some care needs or clinical conditions not being picked up because of an over-reliance on buddies. Some participants also identified risks relating to recipients not receiving care due to there being a high turnover of trained buddies. Furthermore, prison leads reported that buddies can face access issues (being let out of their cell or access limited to wings) in which they are unable to provide care to their recipients on all occasions.

It is also possible that the cost savings associated with buddies providing social care may be a risk as it may hide the real 'cost' of providing social care to prisoners. Workshop findings indicated that there is a lack of understanding of what 'good' looks like, which therefore creates a risk as there is no evidence-based standard against which a service can be judged. This means that it is challenging to explore whether a service is adequate or where improvements could/should be made.

Conflicts between different peer support roles Some participants highlighted risks associated with different peer support services having different confidentiality clauses which mean that peers may not be able to do both the peer-supported social care and listener role. For example, one of the peers is both a buddy and a listener and raised the issue of confidentiality conflicts between both roles. If a social care client talks of suicide, they can report it but if in a listener role, they cannot report it due to confidentiality.

Risks associated with the practicalities of having boundaries in place Participants acknowledged the need for clear boundaries and drawing a line to ensure safety. Some staff, buddies and recipients raised issues associated with the boundaries for peer support social care that are in place and being unable to help when needed. For example, not being able to help people up when they fall, due to not being able to touch other prisoners. These perceptions may therefore lead to some buddies overstepping the line to provide support that they perceive to be necessary (e.g. catching recipients if they fall or helping to put someone's jumper on).

> *They tell you, the officers tell you if they're going to fall over, you're not allowed to catch them. So what's the point of shadowing them up there? You know and it's a natural reaction. If someone's going to fall, you're going to try and catch them.*
>
> *Buddy, site C*

Risks of delays or gaps in care provision Some participants highlighted risks associated with delays or gaps in care provision. For example, buddies raised issues of safety relating to delayed social care provision arising from lack of processes (e.g. lack of processes to get referral from officer to health care). Additionally, some delays in care were identified (e.g. one peer provided an example of prison cell bells being too far away from a person's bed, meaning that they were unable to access care and support for hours).

> *Their referrals for the outside you know social care, they're not getting. You know unless you're really bad, that's the only time that I've seen that they've got their social care.*
>
> *Buddy, site C*

Risks to continuity on transfer or release National leads highlighted risks to continuity on transfer or release. When prisoners are released or transferred between prisons, there can be a lack of care plans and insufficient records identifying whether they were in receipt of peer support and why, particularly if their only support was informal. The consequent risk is that the same support is no longer available and specific needs become unmet.

Certain factors may exacerbate risks such as funding, type of prison (e.g. the turnover rates of trained prisoners) (see *Chapter 5*).

Discussion

Key findings

The study has highlighted a range of benefits for the wider society, prison, staff, buddies and recipients. However, several potential risks were identified that need to be mitigated against, including risks to recipients, risks to buddies and exploitation of the scheme by recipients and buddies.

How findings relate to previous research

Findings from this study are consistent with many of the benefits highlighted in the review (see *Chapter 3*), for example, benefits lowering costs for the prison service, improving prison atmosphere, reducing workload for staff, self-development for buddies, and relationship building and emotional support for recipients. Therefore, findings indicate that many of the benefits associated with peer-supported social care are consistent across peer support schemes more generally in prisons. However, some benefits were more prominent for social care than for other peer support schemes. For example, those relating to care provision and ensuring that prisons are providing and prisoners are receiving the social care support that they need, enabling recipients to develop independence and participate in regime, and feelings of satisfaction and value for buddies arising from supporting other prisoners with their social care needs.

Furthermore, we have found that buddies and recipients are aware of safeguarding policies and the need to support safeguarding practices (as outlined in HM Prison and Probation Service; Ministry of Justice[45]). An additional benefit of the peer support scheme for social care specifically was that buddies support safeguarding practices in the prison and report any issues to staff when they become aware of them. Therefore, buddies may play a role in identifying unmet social care needs and highlighting these to the prison.

Additionally, findings are also consistent with the challenges associated with peer support programmes in prison identified in the review (see *Chapter 3*) and in the wider literature (e.g. Buck *et al.*[130]). For example, the risks for buddies that were identified such as burden, confidentiality, prisoner safety, potential for abuse, and dealing with problems beyond their role. However, this study identified the most frequently reported risks which should be given the most attention (e.g. risks to recipients, risks to buddies and risks of exploitation). This study also highlighted additional challenges such as risks associated with quality of care, unmet need, and gaps in provision of care.

The PSI on safeguarding[46] highlights the need for prisoners to protect adult prisoners from abuse and neglect. However, we found that it may be challenging to do this without clear governance and monitoring processes in place. There are several potential risks that must be mitigated against when implementing peer support services for social care. Governance processes must include clear boundaries, appropriate recruitment and employment processes, training and support for buddies, and training for staff (as outlined in *Chapters 5* and *6* and HM Prison and Probation Service; Ministry of Justice[45]).

While guidance recommends that prisons and local authorities must work together to put care plans in place and provide support to meet these needs,[26] we found that there may be risks associated with unmet social care need and delays in provision of social care support in some cases. This together with findings on factors influencing social care provision (including the need for protected roles and understanding of social care, collaboration between local authorities and prisons, resources, and processes and procedures for social care) (reported in *Chapter 5*) demonstrates a need for clear governance processes to be put in place for social care in addition to clear processes for peer-supported

social care, to ensure that personal and non-personal social care needs are being met. It appears that clear processes may be particularly important when prisoners are released or transferred between prisons.

Strengths and limitations

Findings on benefits and risks have been triangulated across different data sources, including national and local stakeholders (workshops and interviews), prison leads and staff, buddies and recipients. This demonstrates similarities and differences in perception of risks and benefits across different groups and demonstrates the most frequently reported benefits and risks.

While findings represent a wide range of individuals from different roles and experiences, they may not capture all benefits or risks relating to peer support services for social care.

This study qualitatively explored perceptions of benefit and risk derived from people's own knowledge and experiences. However, the quantitative evidence-base is limited, and we are not able to give an indication as to the extent to which peer-supported social care achieves these benefits or generates these risks (e.g. how much aspects such as mental health or independence are improved).

Implications

Findings highlight a wide range of benefits of peer support services for social care, indicating that there are many positive elements to implementing peer support schemes for social care for all stakeholders.

Findings provide an insight into the key risks that must be overcome and mitigated against when implementing peer support services for social care. For example, prisons must be aware of and have sufficiently resourced and feasible systems in place to prevent against and monitor risks to recipients (e.g. bullying and safeguarding issues), risks to buddies (e.g. burden) and risks of exploitation by staff, buddies and recipients when planning the governance of services. Prisons need to ensure governance processes are in place to protect buddies and recipients [e.g. clear recruitment processes that involve security vetting and provision of job descriptions with clear boundaries, training for staff with regard to what the role is and what the role is not, and training and supervision for buddies (on a range of topics specific to providing peer support social care)]. Findings indicated that the most formal application, employment and training processes for buddies tended to be those led by local authority or external provider organisations (see *Chapter 5*), so resources and support need to be in place for other prisons to achieve this and ensure risks are mitigated.

Additionally, prisons must be aware of and monitor wider risks relating to social care provision, including risks relating to the quality of care received, risks relating to delays in care provision or prisoners not receiving formal social care support in addition to peer support, and risks of continuity of care on release. Recommendations as to how data could be used to monitor these risks are described in the next chapter.

Findings provide insight into the type of impacts and risks that may need to be formally measured when evaluating the effectiveness and cost of peer support schemes for social care in prisons in England and Wales.

Future research

Future research is needed to explore the effectiveness and cost-effectiveness of peer-supported social care, including whether there is evidence that peer support quantitatively improves outcomes for prisons, staff, buddies and recipients. Additionally, there is a need to quantify the frequency with which risks occur to mitigate against them.

Conclusions

Findings highlight the multilayered benefits of peer support schemes while transparently highlighting risks associated with implementing peer support schemes in prisons in England and Wales.

Chapter 8 Measuring the effectiveness of peer support schemes in adult prisons in England and Wales

Overview

What was already known:

- There has been no evaluation of the effectiveness of peer support services for social care in prisons in England and Wales (see *Chapter 3*).
- Routine data sets have been used previously to measure health outcomes.
- While peer support is used for social care in many prisons in England and Wales, little is known about impact.

What this chapter adds:

- This chapter explores the relevant outcomes for peer support services in prisons, what existing data might be available to assess those outcomes and where there are data gaps.

Introduction

There is some evidence that peer support services in prisons can be effective in disease detection, improved prisoner mental health, pre- and post-release behaviour and improved knowledge and skills, but very little is known about the impact of their role for providing social care support (see *Chapter 3*). Indeed, the scoping review found no studies that have evaluated their effectiveness. However, there are several potential benefits and risks associated with peer-supported social care support in prisons against which their effectiveness can be measured (see *Chapter 7*).

This chapter addresses the following research question:

- What are the important outcomes of peer support initiatives for social care in adult prisons in England and Wales? (Including for the person receiving social care, the person delivering social care, prison community, staff and health and social care.)

During the scoping phase of this project, we discovered that there was no standard routine data specifically collected on peer support services for social care in prisons and that the outcomes against which to assess their effectiveness were not well identified. For this reason, we focused the research on establishing appropriate outcomes against which to assess these services and identifying what data might be available to measure them. The plan was then to investigate where there are data gaps (i.e. outcomes for which no data exist to measure them), understand the challenges of data collection and make recommendations towards improving the monitoring of these services and enabling them to become evaluable. This chapter presents findings relating to outcomes and data. Guidance for monitoring and evaluation leading from these findings is presented in *Chapter 9*.

Methods

This chapter draws on findings from the stakeholder workshop which was set up to explore questions about outcomes and data, interviews with national and prison leads, and viewing of relevant data sources to understand their use and potential (see *Chapter 2* for details of methods and *Report Supplementary Material 6* for demographics). Where gaps

were identified, we held further one-to-one discussions with identified individuals (including three researchers, a local constabulary, and a senior social worker for prisons in a local authority).

Findings

Benefits, shortcomings and challenges of prison social care peer support initiatives

The benefits and risks of these schemes are described in *Chapter 7*.

The use of existing data for measuring and monitoring impact

Workshop attendees and interviewees confirmed that, at a national level, there is currently no formal monitoring and evaluation of the effectiveness of peer-supported social care in prisons and consequently no data being routinely collected for this purpose (see *Chapter 5*). Fundamentally, there is no agreement as to what a good peer support programme should look like.

There is potential for existing data to be used for measuring some outcomes. In *Table 11*, we list the different outcomes for peer-supported social care in prisons in broad categories derived from the benefits and risks described in *Chapter 7*. Against each of these we identify data that are potentially available to measure them. Further information about the available data sources is provided in *Table 12*, including their coverage and completeness.

There are only a few areas that can be addressed with available data and much data that exist will be in local surveys or questionnaires. Existing routine data sets do not appear to be used.

TABLE 11 Potential use of existing data to measure the outcomes of peer-supported social care in prisons

	Outcomes	Potential use of existing data
Outcomes for the wider system and society	Resource implications	Commissioning data
	Crime rates	Police National Computer
Outcomes for prisons and prison staff	Safety/safeguarding/risk management	Nothing identified
	Prison atmosphere	Nothing identified
	Pressure on staff	Nothing identified
	Supporting care provision, including stability and use of health outreach services	Nothing identified
	Financial implications	Regular prison cost forms
Outcomes for prisoners providing support	Personal development	Nothing identified, some surveys exist. Some data may exist in prisoner case records
	Mental health and well-being	Nothing routine. Special surveys have been proposed. Some data may exist in prisoner case records
	Financial benefit	Regular prison cost forms
	Personal safety	This may exist in local surveys/questionnaires. Incidents where victims of assault are reported in the prison incident reporting system (IRS), but relies on witnesses and it is not easy to distinguish victims from assailants
	Unrealistic care expectations	Nothing identified
	Employability/upskilling	Nothing seems to exist on employment success on release outside isolated studies

TABLE 11 Potential use of existing data to measure the outcomes of peer-supported social care in prisons (*continued*)

	Outcomes	Potential use of existing data
	Relationships (both positive and negative, including potential exploitation)	This may exist in local surveys/questionnaires with prisoners
	Impact on sentence trajectory	Prison records
	Recidivism after release	Police National Computer
Outcomes for prisoners receiving support	Social care needs	Routine patient experiences data (where collected) Needs assessments based on prison primary care data and care plans matched to operational data specifying what is being provided
	Physical health	Bedwatch/escort data Routine hospital administrative data [Hospital Episode Statistics (HES) or Secondary Users Services (SUSs)] with prisoners identified by postcode
	Reduction of formal social care support	Local authorities monitoring numbers of prisoners requiring support
	Mental health	Nothing routine. Bespoke surveys have been proposed. Prison IRS will report incidents of self-harm, individual prisoners are not always identified
	Participation in prison life and social inclusion	This may exist in local surveys/questionnaires
	Independence	This may exist in local surveys/questionnaires
	Personal safety	This may exist in local surveys/questionnaires
	Relationship development	This may exist in local surveys/questionnaires
	Continuity of care on prison transfer or release	Local authorities may collect data where the prisoner lives in the same local authority area. It depends on the quality of the co-ordination between different authorities. The probation service's nDelius system.

TABLE 12 Existing data sources and their potential value for measuring the effectiveness of peer support schemes for social care in prisons

Data source	What it records	Relevance to measuring effectiveness	How complete or accurate are the data?	How often are data collected? (routinely or once?)	How many prisons does the data cover?
Prison primary healthcare records	Prisoner clinical records	Could enable analyses that control for individual need. Also, could be used longitudinally to observe changes in needs that may be due to the type of support they receive	Some conditions and needs may be missed depending on the quality of the contact or openness of the prisoner	This comes from primary care systems, so should be updated in real time	Should exist for all prisoners
Bedwatch/ Escort data	Reports of when a prisoner accesses external care, for example accident and emergency (A&E)	Could measure the potential consequences of support schemes, but it would not be possible to identify individuals who are in receipt of peer support without linking to individual prisoners. However, it could be used to answer questions about how well needs are being met in particular prisons as a whole	There is funding attached, so there are incentives for it to be complete	Routine. In real time	All

continued

TABLE 12 Existing data sources and their potential value for measuring the effectiveness of peer support schemes for social care in prisons (*continued*)

Data source	What it records	Relevance to measuring effectiveness	How complete or accurate are the data?	How often are data collected? (routinely or once?)	How many prisons does the data cover?
Hospital administrative data: HES/Secondary Users Services	Individual hospital records including mode of visit, diagnoses, procedures, lengths of stay. Prisoners can be identified via postcode	Without further linkage to individual prisoners, it would not be possible to distinguish those receiving peer support. However, as with the Bedwatch and Escort data, it could be used to answer questions about how well needs are being met in particular prisons as a whole	Generally complete	Routine	All prisoners would have these records if visiting hospital
Operational data from individual local authorities	Numbers of prisoners with formal social care needs. Numbers of prisoners providing and receiving support. Types of support, missed care, complaints, and safeguarding issues	Could be used to analyse whether introducing a buddy scheme reduces need for formal care, when compared to prisons without such a scheme. Similarly, to measure any impact on numbers of complaints and safeguarding issues. Could also be used to quantify the variation in provision between prisons	Completeness will depend on the authority responsible for the data. It could be variable. These data are difficult to collect from prisons with high turnover (e.g. where prisoners are on remand or awaiting court orders)	Routine (monthly in some authorities). Some recorded daily and collected weekly (probably varies by prison)	All prisoners with social care needs should be monitored by the local authority under the Care Act. The amount of local data collected on prisoners providing and receiving support is variable
Prison data [Incident Reporting System in National Offender Management Information System (*p*-NOMIS)]	Self-harm, assaults, and other behavioural incidents. Hospital attendance	This can potentially help to identify where care support buddies may need additional help, safety concerns, and identify any changes in prisoner behaviour among both those receiving and providing support	However, the recording of some incidents, such as assaults, relies on witnesses. Some less- severe self-harm incidents may be unreported[131]	Routine	All prisons will have their records on individual prisoners
Police National Computer	Recidivism after release	A measure of the potential longer-term impact on prisoners who provide peer support	There can be errors, for example mismatched names and dates of birth	Routine	Covers all parts of the country
Surveys of prisoners providing and receiving support	Experiences and feedback	Direct feedback from individual prisoners	Survey samples, which will not cover all prisoners	Unclear how often these are repeated	These are carried by some local authorities but not systematically and not used for evaluating impact

There is no national data collection that covers peer support programmes for social care in prisons, although data are collected in some prisons and local authorities, mainly for governance purposes. The types of data being collected are shown in *Box 5*.

Key gaps in data and information that have been identified are shown in *Box 6*. Some gaps in data will depend on location and whether there are any local monitoring programmes. For example, questionnaires exist in at least one local

BOX 5 Data and information on peer-supported social care in prisons collected by some prisons and local authorities

- Numbers of buddies and recipients at regular time points.
- Local authority reviews obtaining feedback from buddies and recipients.
- Information gathered at monthly meetings.
- One-to-one check-ins with buddies and recipients.

BOX 6 Key gaps in data and information for monitoring and evaluating peer-supported social care in prisons identified by the workshop and interviews

- Guidance on what the service should look like.
- The hours buddies are working and the number of prisoners they support.
- Data from healthcare services on health outcomes.
- Data on how well social care needs of prisoners are being met by non-personal buddy support.
- Experiences of prison and other professional support staff.
- Data on the non-care impact on prisoners, including relationships and risks between prisoners.
- Softer outcomes such as dignity, self-respect and self-confidence.
- Monitoring activity and outcomes after transfer between prisons.
- Monitoring activity and outcomes after release, including continuity of care and monitoring some impact related to experiences in prison, such as employability.

authority for monitoring buddy activity and experiences of prisoners both providing and receiving peer support but are not widely replicated across the country. Many of these gaps were confirmed by both the workshop and interviews.

There is very little information captured on outcomes for prisoners after release which could be partly due to logistics and problems with obtaining their engagement. Some information may come from the probation service systems and recidivism can be monitored using police national data. If the prison is in the same local authority as the place of residence and the prisoner has been receiving formal support under supervision of the local authority, then there ought to be some continuity in their care records, although this relies on any new needs identified while in prison being picked up. If the prisoner lives elsewhere, such continuity is put at risk. Similarly, information can be lost when prisoners move between prisons. Care needs, including needs for peer support, could be reported in the probation service's nDelius system, which would allow for continuity after release or between prison establishments.

Operational data collected by local authorities are recording information on the support being provided and numbers both delivering and receiving support. This may go some way towards assessing whether needs are being met. At least one local authority has measured the impact of a buddy scheme on the numbers of prisoners needing formal social care support, although without an appropriate comparator. However, such data are difficult to capture in prisons where there is a high turnover of prisoners, for example, where prisoners are on remand or awaiting court orders.

Existing routine national data sets do not identify prisoners receiving or providing peer support. In routine hospital records [Hospital Episode Statistics (HES) and secondary users service (SUS)], prisoners can be identified by postcode matching.[132] These data may allow the measurement of how well the overall social care needs in a prison are being met. So, for example, to identify admissions to hospital for conditions or incidents that may reflect poor care (falls, diabetes complications or self-harm) and whether peer support schemes might impact on this. However, the numbers of individuals involved in these schemes may be too small to detect any effect. Also, some caution would need to be exercised when using data sets that record clinical outcomes or use of external clinical resources, as better support for prisoners could increase rather than decrease the use of external services, for example, if clinical needs are better picked up by the buddies. Moreover, many hospital visits may be necessary regardless.

Incidents of prisoner self-harm or assault should be reported in the prison incident reporting system (IRS), but it is not always possible to identify individual prisoners from these records and there is inconsistency between prisons as what gets reported.[131]

Workshop participants and interviewees could not identify any examples of where established tools for measuring quality of life, mental health, or well-being were used outside individual research studies.

Developing data collection for improving the care and well-being of individuals

Workshop participants and interviewees mentioned how the care and well-being of prisoners with social care needs rely on capturing good information on the support that is being received. This would include fundamental information about an individual's care needs, whether they are receiving support and the type of support, and picking up changes in their needs. Moreover, this should be reported in care plans that are passed over to the relevant authorities after release or to another prison after transfer. Suggestions were made about digitalised national records with, for example, details of referral, assessments, and peer support. This is important not just for making sure individuals receive the support they need (both in prison and later in the community), and reducing problems caused by loss of information but also facilitates an understanding of how effective support services are. However, people recognised that it would be a particular challenge to identify all the needs of prisoners who only receive informal care through peer support.

Well-being, quality of life and mental health measurement tools were cited as being useful for measuring effectiveness. Some have been used in research studies, but there is currently no guidance as to which to use routinely.

The value and feasibility of a national data programme for monitoring programmes and their evaluation

Workshop participants and interviewees mentioned a need for a national, standardised way of monitoring and recording data and indicators alongside mechanisms to enable national quality assurance. However, it was recognised that this would be challenging with regard to ownership and logistics. It would also need particular local arrangements as not all prisons are run in the same way.

For example, any evaluation using routine data sets such as HES or the Police National Computer would rely on having a process for identifying prisoners providing or receiving peer support in the data. At a national scale, this would mean establishing a national list of these prisoners from local data that is regularly maintained.

Viewing operational data on a national scale would be useful in assessing variability of provision, although this would require standardising the data and extracting it from numerous different local databases.

Evaluation challenges

Finding comparators for any analysis of impact using existing data would be a challenge as data collected by the services are not collected with evaluation in mind. Given the lack of funds and resources to support such schemes, there is also the issue about defining the counterfactual and where to measure from. For example, is the comparison against an absence of any support schemes (where prisoner needs might be met through informal arrangements with other prisoners) or where increased use of professional support services are filling the gap?

Also, there are many different ways peer support schemes are implemented and in how training is provided (see *Chapter 5*). For example, one region has a 14-day training course compared to another which is 2 days, and some buddies receive no training at all. These differences need to be reported and accommodated within any national evaluation. If all the data are amalgamated and viewed as a whole, then it would not show the full picture and might hide the best performers.

Practicalities of improving data collection: purpose and motivation

The role of commissioners of peer support services (e.g. the local authority) was discussed in the workshop. Commissioners should have an important role in improving data collections to help understand how effective peer support services are. There are similarities with some of the challenges of general support and social care when trying to justify what is often called non-cashable or non-tangible benefits. These are hard to articulate and when trying to build a case for quality improvement while money is tight, it needs to be robust to convince finance departments and budget setters.

It is therefore important to be clear about the overall aims of peer support in social care, the purpose of collecting data and how they would be used in the wider system. Indeed, anyone commissioning or collecting new data would need to understand this. There are also questions as to the proportionality of extra reporting and decisions about what could be mandated. These needs to be articulated in legislative terms and with reliable data.

Workshop participants raised the role of HMPPS and their need for good data on peer support schemes and their effectiveness in order to support decisions about whether to mandate them. The Care Quality Commission (CQC) and HMIP should also have an interest in good data on needs of prisoners and the support they receive in order to assist with their new inspection programme for social care provision in prisons.

Discussion

Key findings

We have identified a range of important outcomes for evaluating peer-supported social care services in prisons. These include outcomes for the wider system and society, for prisons and prison staff, and for prisoners both providing and receiving support. Recommendations for how to measure outcomes for these services are described in *Chapter 10*.

There is no routine national data collected with which to measure these outcomes. Some data are collected by some individual local authorities, but this does not seem to be widespread. Also, examples of such data we have found are largely operational rather than useful for evaluation, although some local authorities do undertake occasional surveys and questionnaires for gathering experiences of prisoners involved in these programmes.

There is a lack of data with which to measure many of the potential benefits and shortcomings of these services. There are particular data gaps that affect any ability to measure the impact on prisoners themselves, including safety concerns, the experiences of prison and other professional support staff, how well social care needs of prisoners are being met ,and for monitoring outcomes on prisoners after release or prison transfer. Some aspects appear particularly difficult to evaluate, for example the impact on prisoners who do not have formal care plans and whose needs are met informally by buddies.

It may be feasible in research studies to use some of the existing routine data collections to infer possible impacts of these schemes, such as on hospital attendance, self-harm, and recidivism after release. However, without accurate information as to who is providing or receiving peer support, such analysis would only be achievable at the prison level.

There is a recognised need for better data and for there to be national standards for what that data should be and this would be easier if it was linked to national standards on service provision. There is a particular need to record when someone is in receipt of informal support as the responsibilities for capturing that data are not always clear.

However, a national data strategy may be some way off as there would need to be agreement between different stakeholders, such as prisons, local authorities, and inspectorates, as to what data to collect and how to report a list of prisoners providing and receiving peer support across prisons with very different systems. Also, the aims, responsibilities, accountabilities and resources required for this process would need to be defined.

How findings relate to previous research

It is understood that provision of social care across prisons varies, but the effectiveness of peer support schemes in comparison to other modes of delivery remain unstudied.[1] Indeed, in the rapid systematic scoping review we were unable to identify any previous studies that have evaluated the effectiveness of peer-supported social care in prisons, both national and international (see *Chapter 3*).

Strengths and limitations

One strength of this study is that we have been able to gather views from a range of stakeholders, including commissioners of peer support services, prison staff, prisoners, academic researchers, national bodies, etc. Because of the lack of data and knowledge of the overall impact of these services, we have gone back to first principles to

investigate what relevant outcomes should be and to explore how existing data sets might be able to measure these outcomes. This has allowed us to identify what data could be collected and how to enable these services to be evaluated in the future.

Because this is a rapid study, we have not been able to gain a comprehensive overview of how data are being collected and used across the country. For example, there may be local initiatives we are unaware of. However, none have been identified in the discussions with both local and national bodies and researchers with extensive knowledge of peer support schemes.

Implications

Better data not only help measure the effectiveness of peer support programmes but also enable improved monitoring of their delivery and helps provide care continuity when prisoners move prisons, are released or when buddies change. With a wide variation in the implementation of these schemes, better data would also help a better understanding of which have improved outcomes as well as impact on inequalities. Guidance on future monitoring and evaluation is provided in *Chapter 10*.

Future research

There is much scope for further research which could support local evaluation studies of whether peer-supported social care improves outcomes and for comparing delivery in different prisons. These could include studies of established well-being, quality of life or mental health tools,[133–136] newly developed surveys tailored to these interventions and the use of routine data sets linking to cohorts of prisoners receiving or providing peer support services.

Conclusions

There is a range of outcomes which could be measured to both monitor and assess the value of peer-supported social care services. However, there is no standard data collection that can be used for used for this purpose at a national level and the effectiveness of these schemes remains little studied. Without better data collection many potential risks and benefits will be unmeasured. Some local areas collect better data than others and it is possible that much could be learnt from these. There is likely to be a particular challenge in establishing responsibilities and incentives for collecting data which is perhaps exacerbated by the number of different bodies responsible for operating such schemes.

Chapter 9 Measuring cost of peer support schemes in adult prisons in England and Wales

Overview

What was already known:

- Peer support has been used in prisons in England and Wales as a vehicle for easing the pressure arising from the continuously growing social care needs in social care of prisoners.
- In the long term, these peer support schemes may be cost effective since prisoners who provide support operate with little to no cost.[137,138]
- However, the current available evidence cannot provide clear answers about the cost of peer support schemes in adult prisons.
- Data are not available for many providers and for those where it is available they are not in a consistent format.

What this chapter adds:

- This chapter attempts to contribute to the understanding of the cost components of peer support schemes for social care in prison.
- In addition to this, it presents a cost template that can be used for future cost evaluations.
- This template identifies the key cost components of peer support schemes in prisons for social care and emerged from the workshops and literature review.

Introduction

Although many studies to date have explored the delivery of peer support schemes addressing a range of issues, there is prominent evidence gap in terms of their cost evaluation. A rapid systematic scoping review that we conducted (see *Chapter 3*) revealed only limited research around the cost of peer-supported social care programmes. Moreover, to the authors' best knowledge, there are no reports or routinely collected data that could be used to explore the costs of peer-supported social care programmes.

Estimating the costs of peer support schemes in prisons is important. First, this information would allow us to know how much each scheme costs to the prison and could also help to inform which peer support initiatives are most feasible, or cost-effective, for supporting social care provision in prison and which approaches work best in different contexts. Second, estimation of costs can be used as a component in the assessment and cost-effectiveness of the schemes, as discussed in previous chapters. This is crucial given limited resources and the increasing needs of social care for people in prison, since cost evaluation and cost-effectiveness research will ensure that resources are used to meet prisoners needs and will indicate whether relocation of resources is required.

As mentioned in *Chapter 2*, with the current study, we aimed to address the following research questions:

1. What sources of data and evidence on costs of peer support programmes are available, what is the quality and completeness of these data and who can provide this information?
2. What cost-related data are needed for a future economic evaluations of peer support programmes in prison, and what is the current availability of these data?

To answer these questions, we organised the research in three parts:

1. Identification of the cost components of peer support programmes for social care.

2. Investigation of the costs (i.e. what was the amount of money spent for each component of the programme?), their sources (i.e. how these costs were paid?) and the prisoners' involvement in the programme (i.e. how many prisoners delivered and received the services of the peer support programmes?).
3. Investigation of the current availability and quality of relevant data.

This approach allowed us to investigate the economic aspects of peer support programmes for social care in prisons and outlines a framework for future economic evaluations of such programmes in England and Wales. Also, the approach allowed for an investigation of potential variations in sources and costs between the different programmes delivered.

In the sections that follow, we present the findings of the research in three parts: identification of the cost components; investigation of the costs, their sources and the involvement of prisoners in the programme; and investigation of the current availability and quality of these data. Using the data that we collected we conducted a case study analysis, calculating the mean cost per prisoner receiving peer-supported social care.

Methods

Identification of the cost components of peer support programmes

From the systematic review and the workshops conducted, we sought to understand all the data that are linked with the peer support programme (e.g. training costs and running costs) as well as the specific characteristics of people's involvement in peer support schemes, including the number of prisoners providing and receiving peer-supported social care, the number of staff involved and the time spent on this by all participants. Details about the methods we used to identify the cost components of peer support programmes are given in *Chapter 2*.

Investigation of the costs, their sources and the prisoners' involvement in the programme

Utilising findings from the review (see *Chapter 3*), workshops (see *Chapters 7* and *8*) and qualitative interviews with national stakeholders, prison leads and staff (see *Chapters 5–7*), we developed a cost template that we shared with the contacts at 18 prisons. Details on the methods we used to do this are given in *Chapter 2*.

Investigation of costs and prisoners' involvement: availability and quality of the data

The cost template included questions about the existence of any data relevant to the peer support programme, and whether prisons would be willing to share these data with us. Prisons were also asked to list any costs associated with the peer support scheme and who paid for them.

For prisons that consented to share their data, we asked them to identify all costs associated with the peer support scheme between April 2022 and March 2023. They were also asked to provide information on a series of questions about prisoners' participation, the characteristics of their involvement, and the costs related to these programmes.

To calculate the cost of prison staff involvement in the programme, we assumed that the unit cost for a staff member in salary band 6 was £58.70 per hour, and in salary band 3 it was £18.40 per hour.[139] Discounting was unnecessary, because we measured costs over a short period of time (1 year). The reference year of the costing calculations was 2022–3.

Findings

Identification of the cost components of peer support programmes

We identified the list of cost components shown in *Table 13*. There are two categories of costs: (1) labour costs (i.e. costs due to paid working hours) and (2) non-labour costs used for the peer support programme. The former category included the cost of prison staff to establish and run the service, as well as the cost of payments or available incentives given to prisoners providing peer support. The latter included costs for training booklets, uniforms, handouts, badges, polo shirts and sweatshirts, and compacts (prison contracts) that were used during the provision of peer support.

TABLE 13 Cost components linked with peer-supported social care

Cost components linked with the peer support	
Labour costs	**Non-labour costs**
• Cost of prison staff[a] and/or staff from other organisations[b] to establish the service	• Costs for training booklets, uniforms, handouts, badges, polo shirts and sweatshirts, compacts (prison contracts) or any other material used in the establishment of the programme or during its provision
• Cost of prison staff[a] and/or staff from other organisations[b] to run the service	• Costs for training prisoners providing support
• Cost of incentives given to prisoners providing peer support (typically money or vouchers)	

a This is calculated based on the salary band and the working hours of the prison staff.
b This was provided directly by the prison as an aggregated cost.

We identified three groups of people involved in peer support schemes for social care: prisoners, prison staff and external organisations. Their roles are presented in *Table 14*.

Investigation of the costs, their sources and the prisoners' involvement in the programme

The cost template we developed is summarised in *Box 7*; the complete form is in *Report Supplementary Material 9*.

Investigation of costs and prisoners' involvement: availability and quality of the data

In total, 10 prisons out of the 18 returned the cost template (response rate 55.6%) and most of them (60%) reported that they started to run peer support schemes between 2013 and 2016. Five (50%) reported that they collected data regarding their peer support programme. Of the others, 1 (10%) did not reply whether they collected relevant data or not, and the other 4 (40%) replied that they did not collect relevant data on costs, though some data were provided about the relevant cost components.

TABLE 14 Staff members' roles in the peer support programme for social care

	Group		
	Prisoners	**Prison staff**	**External organisations**
Role	• Provision of peer support • Receipt of peer support	• Liaising with local authorities • Supporting peers	• Supporting peers • Provision of training

Note
Prisoners were not paid or given any incentives to receive peer support and therefore they are not included as cost components in *Table 13*.

BOX 7 Cost template for peer support schemes for social care in prison

- The number of prisoners who provided peer support for social care from April 2022 to March 2023.
- The number of prisoners who received peer support within the same period.
- The average time that prisoners who had provided peer support had spent on the programme from April 2022 to March 2023.
- Whether any prison staff had been involved in managing, training, supporting or delivering the peer support for social care service, and if so, then what was their role, their salary band, their working hours and their involvement.
- Whether any other organisations had been involved in supporting the training or the management of the peer support for social care scheme, and if so, then what was their role, their working hours since April 2022 and their involvement.
- What other non-labour costs were incurred, such us uniforms, handouts, training packs, and if so, then what was the cost per unit and who paid for these.
- Whether there were any incentives for prisoners providing peer support.
- What was the estimated cost of the programme.

Prisons that collected relevant data were not all using the same data collection system, meaning that different information was collected and often in different units (e.g. numbers referring at different time periods).

The five prisons that collected data showed great variation in terms of the information gathered. This included written records (i.e. minutes) from monthly meetings with peers that can be used as data source, data about the responsibilities for recruiting peers and the employment activity, data about the training that was provided to peers prior to the peer support programme, data about the number of prisoners providing and receiving support, consent forms and data about the kind of support needed, as well as data about the frequency with which support was providing. *Table 15* gives details on what was collected by each prison.

Seven prisons (70%) listed costs associated with payments to peers providing support between April 2022 and March 2023. All of these costs were paid by the prison. The range of these payments was between £0.88 and £2.40 for each peer support session between prisoners and each session lasted for a morning or an afternoon (half of the working day). These findings were in line with the findings from the qualitative interviews. The number of sessions per week ranged from 8 to 14 sessions (available data only for 4 out of the 10 prisons). Therefore, the minimum cost per week is £8.80, while the maximum is £33.60.

Two prisons (20%) reported additional costs that included the cost of the prison officer to train prisoners to provide support, to monitor and support the services (mean £29 per week), as well as the cost of training resources for peers providing support (mean £24 per week). The prisons reported that, along with the local authority, they were responsible for these costs.

As for prisoners providing peer support since April 2022, 2 prisons (20%) reported that 18 prisoners had been recruited to provide support. Two other prisons (20%) reported that the number of prisoners providing support ranged from 20 to 30, depending on how many prisoners were requiring support, how many were transferred in and out of the prison, or being released. Three more prisons (30%) reported lower numbers of prisoners providing support, ranging between 2 and 8. One prison reported that it had a pool of trained and available peers which was 64% greater than their actual recruitment – 18 peers in the pool, with a maximum of 11 delivering support (*Table 16*).

The number of prisoners receiving peer support fluctuated from 10 [for 2 prisons (20%)] to 52 [1 prison (10%)]. The rest of the prisons (50%) reported that the number of prisoners was either unknown or varying depending on the number of prisoners transferred in and out, released, and seeking peer support. Details about each prison are given in *Table 16*.

TABLE 15 Data collected by each prison

Prison ID	Data collected
A	• Responsibilities for recruiting and implementing the buddies on the wing • Any training given on the role • Applications and compacts (prison contracts) for the role
C	• Peer support scheme monitoring • Employment activity data on records of the operational database • Provided training
H	• Tasks requiring support with (this is in an overview sheet format for each prisoner who is going to be receiving such peer support) • Contract (i.e. a compact signed by each prisoner agreeing to the support) • A daily occurrence sheet evidencing the support completed (at present these are paper copies)
M	• Number of prisoners providing peer support • Number of prisoners receiving social support • Job descriptions
R	• Numbers of prisoners providing peer support • Who the peers care for • How often support is provided for each client

TABLE 16 Number of prisoners providing and receiving support by prison

Prison ID	Number of prisoners providing peer support from April 2022 until March 2023	Number of prisoners receiving peer support from April 2022 until March 2023
A	18	Unknown[a,b]
B	8	10
C	25 (distributed in two sites as 10 and 15)	Unknown[a,c]
H	4	10
I	2	Unknown[a]
K	Unknown	Unknown[a]
M	20–30[d]	35–45[d]
N	Unknown	Unknown[a]
O	Unknown	Unknown[a]
R	18[e]	52[d]

a The prison reported that the information was unknown or it might fluctuate without further details.
b This figure can change due to temporary needs such as illness and operations.
c A total of 46 prisoners requiring support but the number of those receiving is unknown.
d Number of prisoners providing/receiving support each month fluctuates depending on how many prisoners require the peer social support, how many are transferred in, transferred out, or released.
e A total of 11 prisoners provide peer support at any time point, but there are 18 who are trained and available to be involved.

These findings are in line with those reported in the interviews, reported in *Chapter 5*. Small fluctuations in the estimation of these numbers can be attributed to the fact that different respondents were used for these two types of data collection as well as to the different time points when this information was collected.

Table 17 presents the variation in the average time spent by prisoners providing support for social care. The estimations reflect the workload of a peers providing support in each prison among peer support schemes running from April 2022 until March 2023. The heterogeneity in these figures may reflect the extent of support provided, for example the number of prisoners receiving peer support and whether support was provided on an individual basis or in groups.

Nine out of 10 prisons (90%) reported that prison staff were involved in the programme, with their role being focused mostly on the management of equalities. Other roles or tasks reported included safer custody, listener support, safety manager, delivering dementia awareness, carers management, facilitating meetings, liaising with local authority and administration support.

TABLE 17 Average time spent by prisoners providing support in each prison

Prison ID	Average time spent by prisoners providing support
B	1 hour per day[a]
C	27.5 hours per week
H	Approximately 16 hours per week
I	22.5 hours per week
K	Approximately 20 hours per week
R	16 hours a week

a The number of sessions per week is unknown for this prison.

In terms of the cost of their involvement, there was variation in their salary band, ranging from 3 to 7. Significant variation was also found in the working hours of prison staff spent on peer support, up to a maximum of 16 hours per week.

Most prisons (60%, *n* = 6) reported that external organisations, such as charities, were involved in peer support programmes. Their role included team management, social work, provision of training, delivering courses, and provision of kinetic support, but further information about the costs of these activities was not available.

Apart from the staff costs and those related to peers providing support, as described above, prisons reported additional operating costs for the peer support programme. Those include the costs of uniforms, buddy polo and sweatshirts, costs for sterile gloves for carers when cleaning the cells or collecting meals, the costs of badges and compacts, as well as the costs of booklets, inductions, and lanyards. Using data from two prisons, these operating costs ranged from £600 to £1100 for the purchase of uniforms used in the year of interest. Four prisons, out of the 10 that returned the cost template, reported lower operating costs, between £2 and £6 per unit, where a unit might be a T-shirt, a day providing paperwork or for one induction process. However, further information that would allow the estimation of the total operating cost was not available.

Only one prison provided an estimation of the total cost of the peer support programme, reporting that the total cost of all peers' provision of support was £833 per year. That prison reported that peers were each spending approximately 20 hours per week providing support, but the total number of peers and recipients was unknown, and further calculations about the costs were not possible.

A case study

The availability and the quality of the collected data did not allow detailed calculations across all prisons. However, in this section, we present the case of a prison that reported adequate amount of data and could be used to calculate the mean cost per prisoner receiving peer support.

Prison C reported that they were using programmes of peer-supported social care over 10 years. Their prison had two sites contributing to the programme, and two rates of pay for prisoners: a standard scheme (standard rate of pay/incentives for prisoners) and an enhanced scheme (enhanced rate of pay/incentives for prisoners). A total of 23 prisoners from both sites were involved in the provision of support of social care (15 prisoners from site 1 and 8 prisoners from site 2) at the data collection period. All prisoners providing support did so via the enhanced scheme, and were paid £1.20 per session for delivering 10 sessions every week. For the standard scheme, when available, the corresponding cost per session was £0.88). A total of 28 prisoners across both sites received peer support via the enhanced scheme.

Given that the scheme was running for 52 weeks, and assuming that all peer supporters contributed 10 sessions per week for the full 52 weeks and all those receiving peer support did so for 52 weeks, the total cost for the prisoners who provided support was £14,352 (= £1.20 × 10 sessions per week × 52 weeks of a year × 23 peers providing support). Assuming that peer support was provided on an individual basis, the cost per prisoner receiving peer support from a buddy that received the enhanced rate of pay was £513 (= £14,352 ÷ 28) (*Table 18*).

As reported by the prison, the total training cost of the 23 peer supporters was £2000, that is £87 per peer. Adding this to the cost of payments to peer supporters gives a total cost of £16,353, which increases the cost per peer-supported prisoner to £584 (= £16,353 ÷ 28).

That prison reported also 909.5 working hours for their staff, involving six staff members. The salary band was not known for all of them, not allowing further calculations about this cost component. Regarding the costs of other resources, that prison did not report neither the cost per unit nor the number of units used, even though it reported the use of booklets and sweatshirts and polos. Similarly with the costs for the members of staff, further calculations including the cost of other resources used for the scheme, were not able to be conducted.

TABLE 18 Cost-related information for the case studies

Training costs	Cost of peer support per session (£)	Number of sessions per week	Number of weeks running the programme	Annual cost per prisoner providing support (£)	Annual cost per prisoner receiving peer support (£)	Scheme of requiring support	Number of prisoners requiring support in each scheme	Total cost of scheme for meeting prisoners requirements in a year (£)
Excluded	1.2	10	52	624	399	Standard	8	3192
						Enhanced	28	11,172
						Total	36	14,352
Included	1.2	10	52	711	454	Standard	8	3632
						Enhanced	28	12,712
						Total	36	16,344

Note
Numbers might not sum up due to rounding.

Discussion

Key findings

We identified key cost-components, and we assessed the completeness and the quality of the available data piloting a data collection form. Only 55.6% of the prisons (10 prisons out of the 18 which received the cost template) returned the cost template and reported some data. The rest of the prisons did not reply or did not have data to share, indicating that little or no data are collected about the costs of peer-supported social care in prisons. With regard to the quality and completeness of these data, findings indicate that prisons infrequently collect data regarding when peer support services for social care launched. This might be explained by many peer support programmes started as informal support or piloting, before they become formal schemes. There were also cases where prisons did not report information about the role of the prison staff in the programmes, or any other sources that they used for the programme. It is unclear whether or not this means prison staff were included in the provision of these programmes.

To further assess the quality of the available data, comparisons between the data collected using the cost template and the interviews took place, showing also that there were inconsistencies between the information shared by prisons. This could be explained by the non-systematic way of collecting these data and the fact that each prison could collect its own data. Another possible explanation has to do with the contact that responded to the interview or the call for the cost template. We did not contact the same person and this means that maybe the knowledge about the details about peer support programmes may not have reached everyone in the prison. Additionally, we should not ignore the fact that the time period for which we asked these questions in the two sources (i.e. interviews and cost template) was not the same. For the cost template, the questions refer to a time period of a year (April 2022–March 2023), whereas for the interviews the corresponding questions refer to the current period. Finally, we should consider also the case where the prison reported that at the time of interview it had not fully developed its peer support schemes.

In terms of the research question regarding the feasibility of cost analysis and comparisons among the prisons, we showed that the calculations for the average time spent by prisoners providing peer support was challenging. This is because we did not have further information about the frequency of the peer support sessions, the number of the contacts, and whether or not each session was attended by a group of prisoners seeking support or by a single prisoner each time. The same lack of information could explain the unfeasible comparison of the average working time and the average cost for the involvement of the prison staff.

How findings relate to previous research

The rapid systematic scoping review reported in *Chapter 3* found that no studies looked at the costs of peer support schemes in prisons. Therefore, this study extends previous knowledge by exploring the costs of peer-supported social care and what cost data might need to be collected in the future. The study revealed gaps in monitoring peer support schemes, in terms of the people who are involved and the cost of these schemes. These gaps lie in the identification of this key information (i.e. numbers of people and costs), and their infrequent and not systematic collection that can be used for research purposes. This fits with the review's finding about the existence of a unique study that partially reports cost-related findings of a peer support scheme and the non-existence of studies looking at cost-effectiveness of peer support schemes. Together, these findings suggest that research about the cost of peer support schemes for social care, and peer support schemes more generally is missing.

Strengths and limitations

The study contributes to the limited research about the cost-effectiveness of the peer support programmes for social care in prison, primarily by identifying the cost components of these services.

The main limitations were the lack of data and the low response rate. In addition, we used a purposively selected sample of prisons, while the accuracy of the data we received could not be verified. Other limitations include the non-inclusion of escalation costs – that is costs incurred when health deteriorates, requiring remedial action – and the non-inclusion of details about costs that were not paid exclusively by prisons. For example, it was beyond the scope of this study to identify wider social care costs. The current version of the prison costs form was a first attempt to explore the available data and piloted the feasibility of a consistent data collection process. As such, we did not include cost components going beyond prisons' responsibilities. We should also acknowledge that for some types of costs, for

example costs related to peers' task of meal collection, it was not possible to distinguish between the cost attributed exclusively to the peer support programme and the cost that occurs regardless of the existence of the programme. In those cases, we considered that those costs were exclusively related to the peer support programme since they were costs that would burden the prisons even in the absence of peer support programme, but they were reported as costs related to the programme by the prisons. Finally, one of the completed forms that we received from the prisons was excluded from the analysis since the prison provided information about a different peer support programme not focused on social care. This case, also highlighted in *Chapter 10*, indicates that there might be poor understanding of the concept of peer support programmes for social care in prisons for members of prison's staff.

Implications

To meet the continuously growing needs in social care for prisoners, it is important to know which interventions are cost-effective. The peer support schemes may be a cost-effective option, but the current availability of data does not allow consistent cost analyses. This study bridges this gap by developing and piloting a cost form that can be used for future cost analyses. This is of particular importance for researchers and stakeholders in prisons and social care. Findings depict the current availability of data and identify gaps and challenges that need to be addressed for the development of a database that will be consistent across different prisons. The existence of this database is necessary for future cost analyses and cost-effectiveness analyses, as well as for planning future peer support programmes.

Future research

Future research should focus on two objectives: the further development of the prison cost form and the data collection process. Further development of the prison cost form should also include the costs of treating escalations in care when health worsens as well as details about costs that are paid by the prisons and external organisations. These data will allow more accurate calculations of the costs, both for prison and wider social care services, while the availability of data about escalation costs will allow comparisons between peer support and other types of support that might be available.

As for the data collection process, future research should investigate what is the most cost-effective way of collecting data. This might include comparisons of different types of data collection processes, for example routinely and survey-based collected data, or electronic and analogue records.

Conclusions

Overall, making calculations about the cost per prisoner receiving peer support was challenging due to the availability and quality of the data. The data collection (which involved piloting questions needed to ascertain key information for economic evaluation) revealed the current lack of information regarding the details of peer-supported social care in prisons and highlighted the importance of their collection for future analyses.

Chapter 10 Towards effective monitoring and evaluation of peer-supported social care

Overview

What was already known:

- It is currently not possible to evaluate effectiveness or cost-effectiveness of peer-supported social care.

What this chapter adds:

- This chapter provides an evaluation guide that outlines operational, cost and outcome data that needs to be collected to enable regular monitoring and/or evaluation in future.

Introduction

Currently, peer support services for social care are implemented in different ways (see *Chapter 5*), have associated risks and benefits (see *Chapter 7*) yet are not being routinely monitored and evaluated at a national level (see *Chapters 8* and *9*). Without being able to monitor these services and measure their outcomes, it is not possible to tell how much they cost, whether or not they are cost effective, whether risks are being mitigated and whether outcomes for both recipients and buddies are being improved by these services.

This chapter therefore aims to triangulate findings from *Chapters 3–9*, to develop guidance to facilitate routine monitoring of peer support services for social care and robust evaluations of these services in future. It also addresses the research question:

- How could these outcomes (of peer support initiatives for social care in adult prisons in England and Wales) be measured.

In this chapter we define 'monitoring' as the continuous supervision of activities related to peer-supported social care in prisons and checking whether plans and procedures are being followed.

'Evaluation' refers to the systematic assessment of peer-supported social care in prisons in comparison to alternative modes of delivering a service to the same prisoners, including providing no service at all. Both monitoring and evaluation rely on good data and an evaluation also needs well-defined and measurable outcomes.

A unified approach across England and Wales

To monitor peer-supported social care services in prisons, it is important that sufficient data are collected. Locally, this would provide clarity in knowing what care needs are being supported, helps with identifying and mitigating risks, and provides alerts when problems occur. Standard methods of data collection and good communication between the different organisations would also help provide continuity of support when prisoners are transferred between prisons or released into the community. A nationally agreed approach would also facilitate evaluation of services to compare different modes of delivery and to help understand what works best and under what circumstances.

Relevance to prison service instruction for peer support

As described in *Chapter 1*, PSIs provide guidance on peer support services.[45] In terms of monitoring and evaluation, the PSI[45] highlights that regular informal peer support should be escalated to social care needs and that boundaries must be explained in care plans or recorded locally.[45] However, findings indicated that there is very little collection of monitoring and evaluation data across prisons (see *Chapters 8* and *9*). Findings from the documentary analysis (see *Chapter 4*) and empirical study (see *Chapters 4–9*) found that care plans are infrequently reported for social care needs (though some prisons from the empirical study did have care plans in place). If monitoring and evaluation data are not being captured, this may make it difficult for prisons and local authorities to monitor peer support schemes, and therefore it is unlikely that the provision of informal peer-supported social care will always be escalated to local authorities.

Monitoring of peer-supported social care schemes in prisons in England and Wales

Roles and responsibilities for the collection and monitoring of data

Any guidance on collecting and using data will be ineffective unless the corresponding roles and responsibilities of the different organisations are clear and resources and motivation are both available. In addition to these, training of individuals involved in data collection is essential not only for ensuring the accuracy, consistency, integrity and efficiency of the data collection process but also for allowing data comparability across different organisations. However, by adding extra burden to an already stretched resource there is a risk that organisations will not agree to take part. It may therefore be useful to prioritise the data to be collected while being clear about the overall aims of the service, the purpose of collecting data, and how they would be used in the wider system. Indeed, anyone commissioning or collecting new data would need to understand this alongside the proportionality of extra reporting. Any data collection needs to comply with ethics and legal considerations. Responsibility of monitoring could fall to HMIP (in partnership with organisations such as CQC, where appropriate) in their role as inspectors, and facilitated by operational data collected locally by individual prisons.

Formal evaluation is probably best carried out by research teams directed or sponsored by the service in collaboration with research funders, rather than being based exclusively on routine activity in the service. Local data collected for monitoring would also facilitate these evaluations.

Operational data to prioritise for monitoring

Good operational data are the bedrock of effective monitoring and of any subsequent evaluation. To avoid over-burdening the system and to help services to comply with data collection, we suggest the service prioritises their data needs for monitoring. We provide an example in *Table 19* which prioritises the service being offered, who are providing and receiving peer support, and the type of support in each case. Whether collected by the local authority or prisons will depend on the local responsibilities.

TABLE 19 Suggested operational data for monitoring

Priority data	Additional data that would be helpful
• Number of peers • Number of recipients • Hours peers work each week • Records of whether peers have received training • Records of the type and amount of supervision provided • Type of support provided to each recipient • Records of prisoner's needs • Funding sources • Number of sessions/hours of peer support received by prisoners • Labour costs (e.g. staff and training) • Non-labour costs (e.g. hand-outs, uniforms and training materials)	• Staff training records (e.g. on social care topics) • Number of applications received for peer support roles • Record of how peers were selected • Number of individuals rejected vs. offered • Input needed by prison staff to support peer support programme

Evaluating peer-supported social care schemes in prisons in England and Wales

Selecting outcomes to prioritise

Good monitoring will facilitate effective evaluation. The selection of appropriate outcome measures is key to evaluation, and we have described several potential outcomes of peer support programmes based on their risks and benefits (see *Chapter 7*). Given the resource constraints and that these programmes are not mandated, a feasible approach may be for outcome measurement and the corresponding data collection to be the responsibility of teams undertaking research studies. The services themselves may then have a useful role in facilitating such collection, and, where possible, with extra dedicated resource. To this end, given the lack of data, it is worthwhile prioritising outcome measures to highlight which data collections are likely to be more important. In *Table 20* we present an example that prioritises the impact on individuals in prison that can be potentially measured directly using survey tools or questionnaires.

Time period for measuring outcomes

It is important to measure outcomes at the right times as much as possible. Some effects of peer support programmes on individuals could be observed quickly, whereas others might not be manifest until after some months, particularly if they cannot be measured until after a prisoner has been released. Also, impacts that are observed quickly may not be sustained.

TABLE 20 Example prioritisation of evaluation outcomes with associated data collection

	Priority	Outcome measure	Suggested data to use	Existence of data
Outcomes for the wider system and society	Higher-priority outcomes	Cost and use of resources	Commissioning data	Existing data in some areas but needs to be in a consistent format
	Lower-priority outcomes	Crime rates after release	Police National Computer	Existing data but needs to be linked to prisoner IDs
Outcomes for prisons and prison staff	Higher-priority outcomes	Prison safety	IRS	Existing data, individual prisoners not identifiable
		Financial implications	Regular prison cost forms	Existing data in some areas but needs to be in a consistent format
	Lower-priority outcomes	Prison atmosphere	Surveys of staff and prisoners	Not currently existing
		Staff supporting care provision	Surveys of staff and prisoners	Not currently existing
Outcomes for prisoners providing support	Higher-priority outcomes	Mental health and well-being, personal development, safety and relationships with prisoners and staff	Regular surveys of buddies. Questionnaire measurement tools for measuring well-being and mental health, for example, Guttmann's self-esteem scale	Not currently existing except as occasional surveys
		Financial benefit	Regular prison cost forms	Existing data in some areas but needs to be in a consistent format
	Lower-priority outcomes	Employability/upskilling	Post-release surveys of ex-buddies covering personal development, skills and employment	Not currently existing
		Financial benefit	Regular prison cost forms	Existing data in some areas but needs to be in a consistent format
		Impact on sentence trajectory	Prison records	Existing data
		Recidivism after release	Police National Computer	Existing data but needs to be linked to prisoner IDs

continued

TABLE 20 Example prioritisation of evaluation outcomes with associated data collection (*continued*)

	Priority	Outcome measure	Suggested data to use	Existence of data
Outcomes for prisoners receiving support	Higher-priority outcomes	Social care needs, physical and mental health, personal safety, relationships and social inclusion	Regular surveys of prisoners. Questionnaire measurement tools for measuring well-being and mental health	Not currently existing except as occasional surveys
		Continuity of care on prison transfer or release	Co-ordinated operational data between prisons, probation services and local authorities	Exists in some areas
	Lower-priority outcomes	Reduction of formal social care support	Local authorities monitoring numbers of prisoners requiring support	Existing data
		Physical health inferred from routine data sets	Bedwatch/escort data. Routine hospital administrative data (HES or SUS). Feasibility of methods tested in research studies	Existing data but needs to be linked to prisoner IDs
		Cost of escalation	Regular prison cost forms	Not currently existing

Data linkage and use of existing routine data sets

Routine data sets could have a valuable role in evaluating peer-supported social care services in prisons and we have described in *Chapter 8* possible uses of, for example, HES for identifying hospital attendance for prisoners with social care needs. To use this routinely would require ready access to these data sets and the ability to identify the relevant individuals. Also, the feasibility and value of using these data sets would need to be tested first which is probably best carried out in separate research studies.

Establishing comparator groups for evaluation

With most evaluations it is important to have a comparator (or control) group to understand whether any observed results are different to what they would be without a peer support scheme. This raises the issue as to how prisons without a buddy scheme would be supporting prisoners. For example, would they offer informal arrangements with other prisoners or would increased use of professional support services be filling the gap? If using surveys or questionnaires, one option for using a comparator group would be to carry them out in parallel at prisons without such schemes, or at the same prison before a scheme is just about to be introduced. In fact, the best time for such comparisons is when a new scheme is being introduced with surveys taken before and after the scheme has started. Comparisons can also be made between prisons adopting different types of peer support scheme, although a baseline would need to be established to understand whether any observed differences are due to the different schemes or the prisons themselves.

Evaluation of implementation and experience

While this chapter focuses on the monitoring and evaluation of quantitative and economic outcomes, it is also important to explore more qualitative outcomes. The methods provided in *Chapter 2*, and the findings presented in *Chapters 5–7* provide examples of how to evaluate implementation and experience.

Testing approaches

An initial way forward for both monitoring and evaluation might be to test approaches at a local level before any national adoption, perhaps with a mix of local areas with different peer support schemes in place. Monitoring approaches could be piloted in a sample of prisons to determine feasibility and inform amendments required for a national programme. As mentioned above, evaluation would probably be best carried out by research teams who decide, in collaboration with the service, ex-prisoner groups and other stakeholders, which outcome measures to focus on, data collection approaches (e.g. surveys, established questionnaires, and routine data) and how to identify control groups.

Conclusions

This evaluation guide addressed the research question as to how outcomes of prison peer support social care services could be measured. To enable effective monitoring and evaluation of such outcomes, considerable progress needs to be made in gathering the appropriate data. Because of the variety of ways in which they are being implemented across the country (see *Chapter 5*), data collection should be at a national level if there is an interest in identifying what works best. The barriers to this appear considerable and require co-ordination between different bodies (local authorities, prisons and HMPPS) to gain a common purpose. It also requires identifying responsibilities for collecting information that is not currently reported. Monitoring may be best being the responsibility of HMIP (in partnership with organisations such as CQC where appropriate) but supported by extra resource in prisons to help collect data. Initially, because of the practicalities, we suggest a few data items are prioritised, and the process is tested in a few prisons. Evaluation is best carried out by research teams. It may be possible to evaluate some aspects of these services with existing data collections, but their feasibility for measuring effectiveness would need to be tested.

Chapter 11 Discussion and conclusions

Overview

This study was a rapid mixed-methods evaluation of the implementation of peer-supported social care in prisons in England and Wales.

The rapid systematic scoping review aimed to analyse the current international evidence base on peer support services in prisons, including how effective and cost-effective they are, how they have been implemented and experienced, what outcomes have been measured, what evidence on costs exists, and what data were used (see *Chapter 3*).

With documentary analysis, we aimed to explore how social care is provided in adult prisons in England and Wales and whether peer support schemes are used for social care (see *Chapter 4*).

In the empirical study we aimed to explore the implementation of peer support schemes for social care in adult prisons in England and Wales (see *Chapter 5*); staff, peer and recipient experiences of peer support schemes for social care (including risks and benefits) (see *Chapters 6* and *7*); what data are available to measure effectiveness and cost of peer-supported social care and how outcomes and cost can be measured for peer-supported social care (see *Chapters 8* and *9*). In *Chapter 10* we provide a guide on data collection and measurement to inform future monitoring of services and their evaluation.

This chapter outlines summary findings, how findings relate to previous research, implications and lessons learnt, strengths and limitations, future research and conclusions.

Summary of key findings

Key findings are outlined below from each aspect of the evaluation (*Figure 6*).

Rapid systematic scoping review of peer-supported services in prisons internationally (Chapter 3)

Findings relating to peer-supported services in prisons generally indicated that:

- A variety of peer support programmes are used in prisons internationally to support a range of health, social care and educational needs.
- No studies measured cost or cost-effectiveness.
- Only 8 of the 70 studies (that we reviewed) focused on peer-supported social care and none measured effectiveness of these schemes.
- There are some positive effects of peer support (e.g. in relation to disease detection, mental health, pre- and post-release behaviour, improved knowledge and skills), but limitations in the quality of data was evident.
- The implementation of peer support schemes is influenced by the individuals receiving and providing peer support services, peer-support-service-level factors and organisational factors.
- There are a range of benefits (e.g. improving community atmosphere, reducing workload, safeguarding and self-development) and a range of risks (e.g. burden and confidentiality) associated with peer support.
- Different methods are used to measure effectiveness (e.g. surveys and cohort studies), implementation and experience (e.g. interviews, surveys and observation).

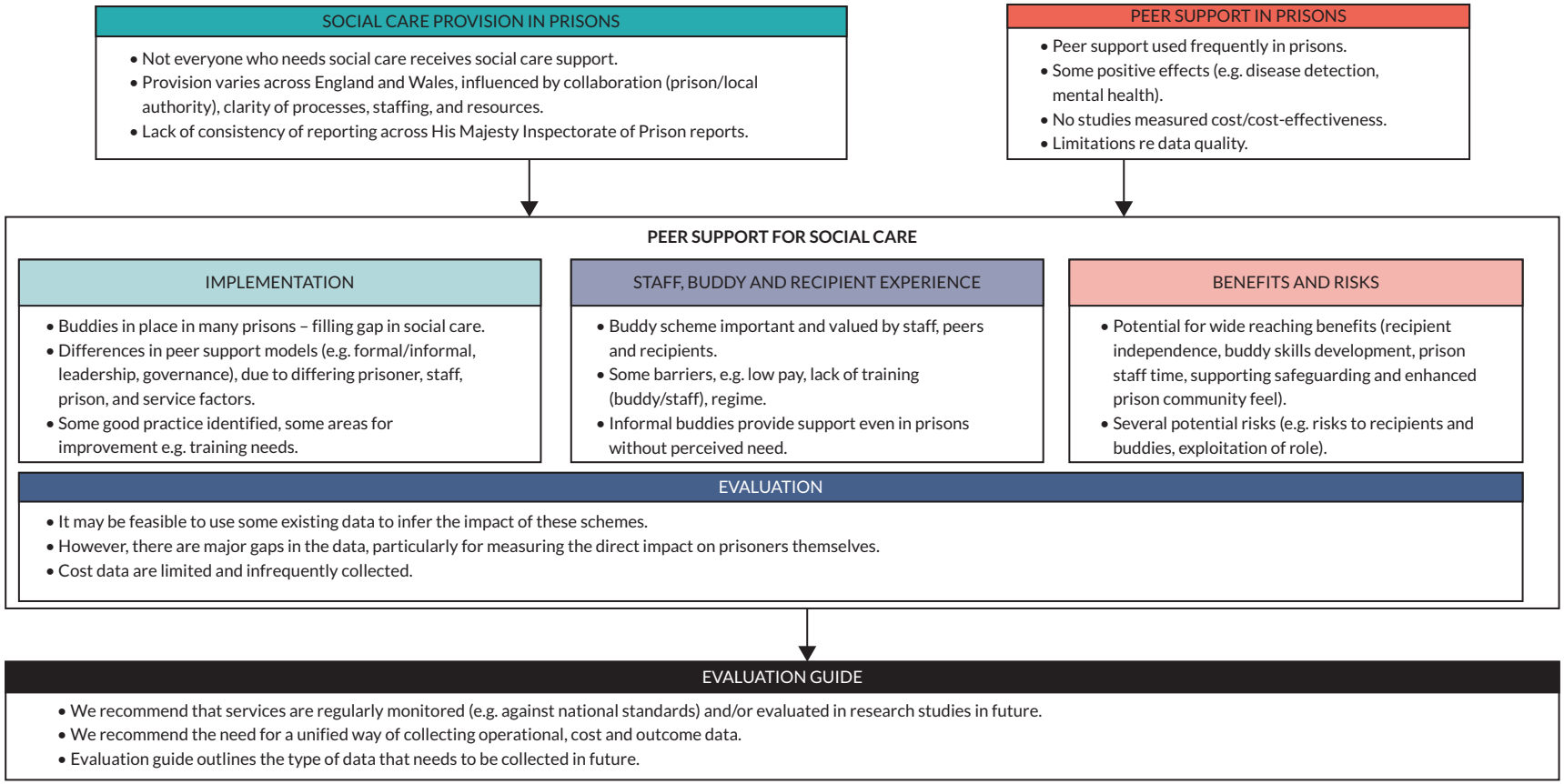


FIGURE 6 Summary of key findings.

Documentary analysis of His Majesty's Inspectorate of Prisons reports to analyse social care provision in England and Wales (Chapter 4)

Findings relating to social care more generally highlighted that:

- Social care provision varies between prisons in England and Wales.
- Some aspects of social care are more frequently reported (e.g. assessments and referrals) and others less frequently reported (e.g. care plans and reviews).
- There are unmet social care needs in prisons.
- There is a lack of consistency of reporting of social care provision across HMIP reports.

Findings relating to peer-supported social care highlighted that:

- Peer support services for social care are frequently used (40% of 102 reports).
- Peer support schemes outlined in HMIP reports ranged from formal (training and supervision) to informal unsupervised schemes.

Implementation of peer-supported social care in prisons in England and Wales (Chapter 5)

Findings relating to social care in prisons more generally highlighted that:

- There are no nationally collected data on the number of people with social care needs in prisons in England and Wales but reported numbers varied across different types of prisons (e.g. long-term vs. remand prisons).
- Individuals with a wide range of needs require social care support.
- Different models of social care were used but most involved a partnership between a local authority and a prison.
- Different people are involved at different stages of the social care pathway (e.g. prison staff, local authority staff and commissioned social care providers).
- A range of factors influence the delivery of social care in prisons in England and Wales, including: (1) prison staff having an understanding of social care and ensuring dedicated social care roles; (2) collaboration between prisons and local authorities; and (3) having clear processes and procedures for social care, and availability of resources.

Findings relating to peer-supported social care outlined that:

- Peer support services for social care have been developed and implemented in prisons in England and Wales to formalise support provided by prisoners and in response to the Care Act of 2014[22] and perceived rising social care needs.
- Most prisons implemented formal peer support schemes for social care. Some prisons only have informal peer support.
- Findings indicate that peer-supported social care plays an important and valuable role in providing social care in prisons, filling a gap regarding the provision of non-personal social care.
- Implementation of peer support schemes for social care varies across prisons in England and Wales, demonstrating different leadership models and governance processes.
- Some examples of good practice were identified (e.g. collaborations between prisons, local authorities and external organisations, formalised training modules, and security vetting), but none of the prisons had clear processes in place for all aspects of employment (buddies) and training (buddies and staff).
- Some prisons had no formal training for buddies, and buddies do not always receive the training on offer.
- Implementing peer-supported social care is influenced by a range of factors relating to the service (e.g. resources and collaboration between organisations), the prison (e.g. prison regime and turnover of buddies), staff (e.g. attitudes and awareness) and prisoner (e.g. role desirability, need and attitudes).

Experience delivering and receiving peer-supported social care (Chapter 6)

- Staff, buddies and care recipients reported positive views of peer support schemes, demonstrating their potential value in prisons in England and Wales. For example, the buddy role was perceived to be necessary for helping recipients maintain independence, participate in the prison regime, and receive the social care support that they needed.

- Buddies and recipients generally reported feeling safe, but did highlight some potential risks (see *Chapter 7*).
- 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 for staff and buddies, attitudes of staff and prisoners, and processes and procedures.
- Key attributes of buddies were identified.

Risks and benefits of peer-supported social care (Chapter 7)

- Findings highlighted a wide range of benefits for the wider society (outside of prison), prison (e.g. improving prison atmosphere), staff (e.g. saving time and safeguarding), buddies (e.g. fulfilment, pride and skill development) and recipients (e.g. enabling recipients to receive necessary non-personal social care support, and promoting independence and integration in the prison community).
- Potential risks were identified. The most frequently reported risks included risks to recipients (e.g. risk of bullying and buddies overstepping boundaries to undertake tasks/provide care that they are not meant to provide), risks to buddies (e.g. burden) and 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 must be in place to mitigate against risks and ensure the safety of buddies and recipients.

Measuring impact of peer-supported social care (Chapter 8)

- No routine national data are collected on peer-supported social care in prisons. However, there is a need for better data and for there to be national standards for what that data should be.
- Some local data are collected (e.g. by local authorities), but this is not widespread and is often operational.
- There are particular data gaps that affect any ability to measure the impact on prisoners themselves, including safety concerns, the experiences of prison and other professional support staff, how well social care needs of prisoners are being met, and for monitoring outcomes on prisoners after release or prison transfer.
- To evaluate peer-supported social care in the future, we recommend the development of national standards for the delivery of peer-supported social care. These should include guidance on the data needed to collect to enable monitoring of these national standards and evaluation of effectiveness, cost-effectiveness, implementation, and experience.
- It may be feasible in research studies to use some of the existing routine data collections to infer possible impacts of these schemes, such as on hospital attendance, self-harm and recidivism after release.

Measuring cost of peer-supported social care (Chapter 9)

- Cost data collected locally by prisons are limited and frequently not collected.
- Therefore, calculating the cost per prisoner receiving peer support and cost-effectiveness of the service more generally is currently not possible or feasible due to the availability and quality of the data.

Monitoring and evaluation guide (Chapter 10)

- To monitor and evaluate peer support schemes for social care, we have proposed a monitoring and evaluation guide which outlines the types of data needed to routinely monitor and for the evaluation of peer support schemes for social care, while also recognising the resource pressures facing the prison estate at the current time.
- We acknowledge that the routine monitoring of these services would require funding (e.g. for dedicated roles and training) and co-ordination between different organisations.
- We propose that monitoring may be best placed with HMIP, with some local operational data recorded in each prison.
- Evaluation of experience, implementation, effectiveness and cost-effectiveness would be best carried out by research teams.

How findings relate to previous research

In this section we discuss findings in relation to previous research.

The use of peer support services in prisons

Findings from the study support previous findings indicating the widespread use of peer support services for a range of support needs in prisons both internationally and in England and Wales.[17,38,39]

Social care provision more generally

The Care Act in 2014[22] clarified that local authorities have a responsibility to assess and meet the social care needs of prisoners requiring social care support, but that the provision of social care may differ in terms of type or extent of care needed (e.g. personal social care, such as support with showering or dressing, being provided by commissioned care providers, healthcare providers in prisons, or community services).[26] Additionally, prisons have a responsibility to provide equivalent support to that in the community (e.g. access to food, accommodation and a safe environment).[26] While the study did not focus on all aspects of social care in general, findings from the documentary analysis (see *Chapter 4*[1]) and empirical study (see *Chapters 5–9*) provide an insight into what social care provision currently looks like in prisons in England and Wales. Findings highlighted large variations in how social care is delivered in prisons in England and Wales but that most prisons had some sort of partnership between the prison and local authority in place (though links were stronger in some places than others). However, findings indicated that there may be some unmet social care needs, supporting previous research.[7,30–34]

Findings outlined that for general social care support to be provided in prisons, there needs to be an understanding about social care and resources for dedicated roles, a collaboration between prisons and local authorities, clear processes and procedures to help prisons ensure provision of social care support, and availability of resources. While there were some examples of good practice in terms of social care provision, these factors may not be in place in many prisons in England and Wales (see *Chapter 4*), limiting prisons' ability to ensure that everyone who requires social care receives social care. These factors are also important if prisons are going to use peer-supported social care, as they underpin the prison systems' ability to implement peer support services (e.g. services with pre-existing collaborations in place between local authorities and prisons may be better placed to collaborate, develop and run peer-supported social care).

The use of peer support services for social care

Evidence from this evaluation demonstrated that peer-supported social care is implemented in many prisons in England and Wales. This is likely to be due to the policy focus on improving social care in prisons, implementation of Care Acts[6,22,23,25,26] and the rise in social care needs experienced in prison.[4–6,16,17] However, the use of buddies in a prison context seems to provide an option for some aspects of social care to be provided to prisoners effectively at a potentially lower cost than external provision.

While care providers should provide personal social care support to eligible prisoners,[22] findings suggest that peer-supported social care fills a gap in the provision of everyday non-personal social care tasks for adult prisoners (e.g. collecting meals, cleaning cells and transportation), roles which are typically undertaken by family members or friends in the community. Findings highlighted some gaps in the provision of external social care, and that many recipients of care may not receive support from external providers but rely on buddy support alone, perhaps due to not meeting the threshold for external social care support on assessment. Risks relating to unmet needs and quality of care were identified (e.g. risks in the quality of care received or gaps in external social care provision and unmet need). Unmet need may offer an explanation as to why buddies may overstep boundaries in some situations, out of a duty of care and wanting to help (see *Chapter 7*), and why informal peer-supported social care takes place in some prison establishments. Based on the findings, it is recommended that receipt of peer-supported social care could be documented on health records or care plans and regular assessments of social care needs could be undertaken to ensure that recipients receive the social care package that they require to meet their needs, if and when health declines and needs progress (e.g. external social care support and buddy support). Furthermore, consideration must be given to those who may not be appropriate to receive (e.g. due to risk level) or want to receive peer-supported social care. In these cases, it is necessary to determine where responsibility would sit to ensure that prisoners receive non-personal social care support in the absence of buddies.

Implementation of peer support services for social care

To our knowledge, this study is one of the first to evaluate peer-supported social care in a range of prisons in England and Wales. The study provides critical insight into how these schemes have been implemented. Findings highlight large variation of the implementation of peer-supported social care and demonstrate that peer support services are not standardised nationally. While variation may be appropriate in some situations (e.g. some prisons may have more of a need for social care peer support than others), substantial variation in governance processes such as training and monitoring may be problematic. For example, the PSI for peer support in prisons highlights mandatory guidance relating to training and supervision, employment processes, boundaries, collaborative working, and monitoring and evaluation[45] (see *Chapter 1*). Findings from the study indicated that these guidelines are not consistently being implemented for social care across prisons in England and Wales (see *Appendix 6*, *Table 35*). To address this, we recommend building on these findings together with the existing PSIs[26,45,46] to develop national standards of peer-supported social care, including recommendations on the data that should be collected for regulatory bodies (e.g. HMIP) to routinely monitor these services against national guidelines and for researchers to conduct future evaluations of the effectiveness and cost-effectiveness of these services.

Experience with peer-supported social care

While previous research outlined benefits of peer support schemes for prisoners and prisons,[6,40,41] findings extend knowledge by providing insight into staff, peer, and recipient experiences, an area where there is a limited evidence base (see *Chapter 3*). Findings demonstrate that staff, buddies, and care recipients reported positive views of peer support schemes demonstrating their potential value in prisons in England and Wales. The buddy role was perceived to be necessary for helping recipients maintain independence, participate in the prison regime, and receive the social care support that they needed. Findings also offered insight into key barriers and facilitators of peer-supported social care. These included the payment and recognition given to buddies, training for both buddies and staff, time spent unlocked to do the job, attitudes of staff and recipients, and clarity of processes. As peer support schemes for social care may still be in their infancy or not yet developed for peer support, key learnings from this study could help to inform the development of services that work for prisons, staff, buddies, and recipients.

Risks and benefits of peer-supported social care

Findings supported previous research[6,40,41] by highlighting a wide range of benefits for society (outside of prison), prison, staff, buddies and recipients. Findings support and extend evidence by categorising the benefits and risks of peer support and triangulating these with potential data needed to be collected to measure these impacts.

The three most prominent and frequently reported categories of risks were potential risks to recipients, buddies and potential for exploitation by staff, buddies, and recipients. For example, boundary issues associated with peer-supported social care schemes are complex (see *Appendix 6*, *Table 35*). Peer-supported social care requires buddies to stick to boundaries that may go against their human nature (e.g. wanting to help someone if they fall or wanting to help someone with their personal social care if these needs are not met by external social care providers). Examples of buddies feeling that they needed to cross these boundaries were identified in the study (by staff) and buddies and recipients spoke about frustrations with the boundaries due to not being able to help where they would want to (e.g. if someone is left needing support for hours). This boundary may also be blurred by staff asking buddies to do roles that are not explicitly specified in their job description and this contradiction may also contribute to the burden on buddies.[130] Findings indicate that complexities surrounding boundaries is an inherent risk of peer-supported social care schemes (and more so with informal peer support). This risk needs to be carefully considered and monitored within the wider context of social care provision by ensuring that recipients of peer-supported social care have regular assessments and appropriate external social care provision in place (where appropriate), and that there are plans in place for the prison or local authority to support buddies and recipients, should situations arise where unmet needs occur.

These findings highlight that while peer support services for social care, and peer support services more generally, have the potential to provide benefits at many different levels (prison, staff, buddies and recipients), these services are not implemented without potential risk. Therefore, governance processes together with monitoring and evaluation must be in place to mitigate against risks and ensure the safety of buddies and recipients. Additionally, findings indicate that with appropriate mitigations and monitoring in place to protect against potential risks of buddy support, these schemes may also have the potential to support safeguarding of recipients from wider safeguarding issues more generally.

Monitoring peer-supported social care

There are some recommendations relating to peer support services (see *Appendix 6*, *Table 35*[45]), adult social care[26] and safeguarding.[46] However, it is currently difficult to monitor peer-supported social care against the PSIs due to the lack of data collected (see *Chapters 8–10*). For example, policy documents highlight the importance of prison social care being equivalent to that received in the community.[26] It is difficult to tell whether this is the case from the study due to gaps in reporting of social care provision in HMIP inspection reports (see *Chapter 4*), and gaps in monitoring of social care provision in prisons (see *Chapters 8* and *9*), which would need to be improved in order to make robust comparisons between social care in prisons and in communities in future (see *Chapter 10*).

To monitor the success of peer-supported social care against recommendations, there is an argument on one hand to increase regulation and monitoring of these schemes (e.g. through national data collection). Monitoring and regulation of these schemes would therefore be equivalent to the need for monitoring of such services in the community (e.g. non-personal support provided by volunteers through third-sector organisations). On the other hand, increased monitoring and regulation has potential downsides in that it would lead to additional work for overstretched prisons and local authorities and may put prisons off implementing peer-supported social care, thus, potentially negatively impacting on prisoners in need of this support. However, without peer-supported social care, resources would then need to be found for staff members (from prisons, local authorities, or commissioned providers) to provide equivalent non-personal social care support. Alternatively, this would perhaps lead to an increased likelihood of prisoners receiving informal peer support, or not receiving any support and therefore potentially declining. Therefore, it is necessary for stakeholders (e.g. HMPPS, HMIP, local authorities and prisons) to consider how best to ensure that monitoring of peer-supported social care could be done in the most resource-friendly and feasible way.

Evaluating impact and cost of peer-supported social care

Findings concur with a previous review on offender health which highlighted that the methodological quality of studies looking at peer support needs to be more robust in order to carry out effectiveness and cost-effectiveness studies.[38,39]

Factors influencing implementation and variation

Findings highlighted many factors that influence peer support generally and peer-supported social care, thus offering explanations as to why peer-supported social care may vary in different prison establishments. As outlined, there are many positive views associated with peer-supported social care schemes, but also some contested views that they are used to save money in lieu of professional social care support. However, we do not yet have evidence to show whether peer-supported social care is effective or cost-effective. If services are to be implemented and used, then findings indicate that to improve the implementation of peer support schemes for social care, and peer support more generally, individual-level, peer-support-service-level, and organisational-level factors must be considered. Findings highlight that peer support schemes need to be sufficiently resourced, and that collaborations are in place between local authorities, prisons and other necessary organisations to ensure peer-supported social care can be implemented effectively. Additionally, it is important to consider how the type of prison and the prison regime affects peer support, for example making sure that buddies can deliver their role despite the prison regime and access issues. Furthermore, while some staff see the value in peer support schemes and are passionate about supporting peer-supported social care, there is a need to increase staff awareness and improve some staff attitudes across the prison estate to enable their effective implementation. Finally, peer-supported social care roles need to be perceived to be valuable and desirable to buddies and recipients. If peer-supported social care services are found to be beneficial, further work is needed to ensure that all prisons see the value of implementing them, even when they may not have obvious social care needs (e.g. in places where support is being provided outside of a formal scheme).

Strengths and limitations

Strengths

A key strength of this study was that it was a rapid, large-scale mixed-methods study that included a wide range of prison sites and a wide range of different stakeholders. Therefore, the findings from this study should be informative in improving peer support services for social care in England and Wales.

The composition of the evaluation team [including academics, researchers from Nuffield Trust and researchers from EP:IC consultants (an independent research, evaluation and consultancy collective with expertise in social and criminal justice)] was a key strength as it enabled us to successfully complete this study rapidly by working with the key strengths provided by different members of the team (e.g. EP:IC consultants were able to quickly navigate access to conduct interviews with the five case study sites). Additionally, while rapid, we have held four meetings with the PPIE group and four meetings with the evaluation advisory group to draw on their expertise throughout all stages of the project (e.g. ensuring we were asking the right questions, identifying further analysis themes to explore and reach relevant stakeholders).

Throughout the study, researchers have worked together to discuss and triangulate findings from different parts of the study to ensure that we were able to draw out key findings from across different data sources. This has culminated in the development of an evaluation guide drawing on all aspects of the study.

Limitations

While the study included a large sample of prisons in England and Wales, we acknowledge that we were unable to include all prisons, therefore findings may not be representative of all prisons in England and Wales. Similarly, we were only able to interview a sample of staff, buddies, and recipients from each prison, therefore there may be views that we were unable to capture. For example (as acknowledged in *Chapter 6*), the buddy interview participants were mostly White British and the recipient interview participants were solely White British, despite the strategies to try and include a range of different participants. Additionally, the sample included more older adults than younger adults with social care needs. The representativeness of the sample was perhaps limited by the sampling being led by individual prison's guidance on who would be appropriate to interview. This could potentially result in individuals selecting potential participants that may be more likely to provide positive responses.

Due to COVID-19, the empirical study was paused and conducted later than originally planned. In the meantime, we conducted desk-based work (e.g. the documentary analysis reported in *Chapter 4*), and conducted scoping work to help us to undertake the study once resumed.

In terms of practicalities of conducting this research, one challenge we experienced was difficulties identifying the most appropriate person to speak to in each of the prisons and the job roles for those we interviewed varied substantially across prisons. In some establishments there may have been other individuals who could have been more appropriate to speak to. Similarly, in certain case study sites, we faced some challenges in terms of our time in some of the prisons being cut short, thus limiting how many participants we were able to interview.

There is a lack of data collected on impact and cost of peer-supported social care schemes; therefore we had to design this study to develop an evaluation guide rather than to measure effectiveness and cost.

We sometimes received different responses from different data sources when triangulating findings (e.g. differences in number of buddies reported in implementation and cost findings). Ability to triangulate data was therefore difficult due to differing time frames and limited cost data.

Implications

The study is an implementation study that does not measure outcomes of peer support social care services and therefore does not provide evidence on the effectiveness and cost-effectiveness of peer-supported social care. However, the study indicated that peer-supported social care services were valued by all groups of stakeholders that participated in this study, providing necessary support that bridges a gap in care provision between local authority care services and independent daily living. These peer support services are perceived to have many benefits for prisons, staff, buddies and recipients but also challenges and potential risks.

Below we present recommendations to consider where peer-supported social care services are used, or considered for use in future.

1. **Relevant stakeholders (e.g. HMPPS, HMIP, local authorities and prisons) could consider the production of national standards for peer-supported social care which builds on the existing guidance and resources (e.g. toolkit) provided in PSI dealing with prisoners assisting other prisoners[45] on how to implement peer-supported social care in prisons.** Standards could include information on how to mitigate potential risks (implications 2 and 3), what data need to be collected on a national and/or local scale to ensure services can be monitored and evaluated against PSI guidance and other relevant criteria, who should monitor these services, and how they should be monitored. We recommend that standards allow for adaptation to account for the circumstances of individual prisons (see *Chapter 5*, *Figure 5* for key factors that could be taken into account, e.g. the type of prison and amount of social care need). While this would require resources to implement, it is important to be able to monitor care provision for quality consistency, as would be the case with any community-based service. In instances where informal peer-supported social care is happening regularly and there is a clear need for non-personal social care support, it seems important for these prisons to have formalised peer-supported social care schemes to provide safeguarding for both buddies and recipients.
2. **When planning, developing and providing peer-supported social care, prisons and/or local authorities should consider how to mitigate potential risks.** Potential risks to be aware of include risks to recipients (e.g. bullying, safeguarding and boundary issues), buddies (e.g. burden of care) and risks of exploitation by staff, buddies and recipients. Risks to prisoners may be overcome by putting robust systems in place to prevent and monitor peer-supported social care (processes described in some of the prisons studied in this evaluation).
3. **Relevant stakeholders (e.g. HMPPS, HMIP, local authorities, and prisons) could consider how wider risks relating to social care provision will be monitored** (e.g. potential risks relating to the quality of care received, delays in care provision or prisoners not receiving formal social care support in addition to peer support and risks of continuity of care on release). For example, provision of peer support could be noted on individuals' prison healthcare record, and regular assessments of social care needs could be undertaken by relevant bodies (depending on locality) to ensure that recipients receive the social care package that they require to meet their needs, if and when health declines and needs progress (e.g. external social care support and buddy support). Each prison could also have plans in place for the prison or local authority to support buddies and recipients should situations arise where unmet social care needs occur.
4. We suggest that the responsibility for **routine monitoring of prison peer support services for social care against national guidelines belongs to HMIP in its role as inspector (in partnership with other inspection partners such as CQC if appropriate) and that data are collected for this purpose.** In inspection reports, HMIP reports could include more details on how social care (formal and peer supported) is implemented in prison settings, whether prisons are meeting personal and non-personal social care needs and whether social care in prisons is consistent with community provision. The data collected will also facilitate research evaluations of the effectiveness, cost and implementation of peer support schemes for social care in future (see *Chapter 10* for evaluation guide).
5. For implementation of peer-supported social care, we recommend:

    a. **Dedicated roles in prisons and/or local authorities** to drive, manage and support the peer support social care scheme, including protected time for these staff members. These positions need to have clear roles and responsibilities and a proportion of their time ring-fenced to ensure that social care and peer-supported social care is not overlooked. Policy indicates that prisons should have an allocated social care lead who is responsible for the peer-supported social care support;[26,45] however, it is necessary for social care leads to understand that their role includes responsibility for peer-supported social care and these individuals must be given ring-fenced time to dedicate to this task.
    b. **Appropriate levels of funding** for prisons to ensure that they are able to manage and lead peer support services for social care.
    c. **Collaborations between organisations** (e.g. prisons, local authorities and external organisations) to manage and deliver peer-supported social care schemes.
    d. **Formalisation of peer support** procedures, including:

        i. Clear standardised employment processes (e.g. consistent application processes, security vetting, interviews and job descriptions).

ii. Formalised, standardised, module-based training for buddies (as used by some sites in the study) that is delivered to all buddies undertaking this role. Training could cover material relevant to the role, for example why the role is needed (benefits), relevant background information such as the Care Act, safeguarding, and how to report issues, boundaries of the role and how to do the role (including practical training for items such as pushing wheelchairs, cleaning and dementia). This training may also include some shadowing of buddies already in post.
iii. Training for staff (on social care needs and peer-supported social care, to include role and boundaries).
iv. Formal regular supervision processes for buddies by staff (e.g. group meetings, one-to-one meetings, and a way of contacting staff members if needed). Within this, it would be helpful for there to be ongoing feedback mechanisms between trained officers, buddies, and recipients to ensure that buddies are able to appropriately provide support within restrictions imposed by the prison regime.
v. Standardised and fair payment for buddies and recognition for good practice.
vi. Succession planning to ensure that a team of buddies are always in place and that additional buddies are trained to guard against gaps when high turnover of buddies occurs.
vii. Local monitoring of peer support roles for social care by relevant prison staff and/or local authority staff (e.g. number of buddies, number of recipients, how many hours they undertake their role for, whether or not they have been trained, and recording of the support provided).

Future research

The development of national standards for peer support services for social care, which builds on the existing PSIs[26,45,46] and provides details on how to implement services and what data to collect, would enable regular monitoring of these services within the wider context of external social care provision in prisons. It would also enable future research to conduct a robust evaluation of effectiveness and cost-effectiveness of peer-supported social care. This would enable further analyses regarding optimal service design and impact on inequalities.

In the first instance, it may be appropriate to conduct future research to pilot any national standard and routine monitoring plan in a proportion of prisons, to further explore and determine feasibility of data collection and implementation recommendations.

Further mixed-methods research could be conducted in other areas of England and Wales to determine whether findings concur or differ from those raised in this study.

Conclusions

Peer support services for social care are widely used in prisons in England and Wales. However, the implementation of these schemes varies due to a range of factors relating to the service, the prison, staff, and the prisoners. Some issues were identified, for example not all prisons have clear employment or training processes. Staff, buddies and recipients generally valued peer-supported social care and these were well received by recipients. However, there were some challenges that need to be overcome in order to facilitate the delivery and receipt of social care peer support, for example a need to ensure that buddies are recognised for their role and that buddies and staff are adequately trained. Peer-supported social care may have wide-reaching benefits (e.g. helping to meet social care needs, supporting independence, developing buddy skills and saving staff time), yet there are several potential risks that must be mitigated. It is currently not possible to evaluate impact and cost of peer-supported social care due to limited data. To monitor peer-supported social care in future, we recommend national standards developed against which different peer support services can be monitored. These national standards could build on existing PSIs[26,45,46] and also include guidance on the data needed to collect in order to monitor them. This in turn would enable the evaluation of effectiveness, cost-effectiveness, implementation, and experience in future. To facilitate monitoring and evaluation of peer support schemes for social care, we have proposed an evaluation guide.

Patient and public involvement

In this study, we worked closely with EP:IC consultants to develop a service user involvement group with lived experience. Over the duration of the study, the group consisted of six individuals, all with personal experience of imprisonment.

The group were involved throughout the project and provided feedback on the protocol, study methods, aims, early findings from data analysis, and dissemination. We held four meetings throughout the study with the service user involvement group to discuss each topic as findings emerged. In terms of future dissemination plans, we are involving the service user group in the development of materials to reach different audiences, for example a lay summary that can be shared with prisoners, radio and podcast outputs, and potential blogs for the general public.

Throughout the study we have also met with the evaluation advisory group three times. The members of the evaluation advisory group were recruited to provide critical feedback and support on this study throughout all stages (including planning and analysis). Members of the evaluation advisory group provided feedback on specific chapters of this report. We will be working closely with this group to ensure that dissemination outputs are appropriate for a wide range of audiences (e.g. HMPPS and ADASS Care and Justice network).

Additionally, we sought input from the RSET public and patient involvement group throughout the study (e.g. when developing the protocol).

Equality, diversity and inclusion

Participant representation

In the study, we aimed to ensure that prisons and participants were representative of different locations in England and Wales.

Site characteristics

We recruited 20 prisons for the study. However, we were able to interview participants from only 18 of these prisons. As shown in *Report Supplementary Material 8*, the prisons were selected to be representative of different areas of England and Wales and different types of prison (e.g. public/private, male/women and different categories).

Strategies to improve representation

In the study we tried to ensure representation of a range of groups (national stakeholders, prison leads, staff and prisoners), and that the study was inclusive. For example, we asked prisons to help purposively identify potential interviewees from prisons with different characteristics and models of peer-supported social care and a wide range of individual demographic characteristics. However, we acknowledge the challenge with relying on prisons to select participants and in an effort to raise awareness with all prisoners, we developed a bright, easy-to-read poster that could be displayed in the prisons. It was hoped this would encourage people who had something to say to come forward and to prompt discussion about the study between peers (including those who may not be able to read). We offered different modes of consent (written or audio recorded) to remove barriers to participation, and offered different modes of interview (e.g. face to face, telephone or online). We also planned to offer translation services and/or the translation of materials as required for those who did not speak English or who had communication difficulties; however, this was not needed by any participants in the study. Finally, the interviews undertaken with buddies and recipients were conducted by researchers from EP:IC consultants, who are researchers with experience conducting prison research, some of whom have lived experience of prison settings.

We are planning to disseminate the findings from the study in many different formats (e.g. lay summaries, podcast/radio outputs, slide sets, animation and infographic) to ensure that findings are accessible to as many people as possible.

Participant characteristics

The staff, prison leads, and national leads were representative of a range of different organisations, job role, and length of time in their roles. The interviews with buddies and recipients included both men and women, and a range of different ages (20–80 +). It is important to note that the sample included more male prisons than women prisons and more public prisons than private prisons which represents the overall prison landscape. However (as acknowledged in *Chapter 6*), the buddy interview participants were mostly White British and the recipient interview participants were solely White British, despite the strategies to try to include a range of different participants. Additionally, the sample included more older adults than younger adults with social care needs. The representativeness of the sample was perhaps limited by the sampling being led by individual prison's guidance on who would be appropriate to interview.

Research topics relating to equality, diversity and inclusion

Prison populations are understudied in the academic literature and many inequalities have been identified in relation to prison populations. Therefore, this study provides an important perspective on the views of different stakeholders on social care support received in prisons in England and Wales and the role of peer-supported social care.

Reflections on research team and wider involvement

Research team

The research team consisted of researchers from one rapid evaluation team (NIHR RSET), spanning three organisations (University College London, University of Cambridge, and Nuffield Trust). Additionally, the research team comprised of researchers from EP:IC consultants. The team was multidisciplinary in nature and team members differed in seniority. The research team comprised a mix of backgrounds in relation to gender and ethnicity.

The team held fortnightly meetings throughout the project to ensure that all members of the team were well supported. All members of the team have been involved in all aspects of the project (from project planning through to data analysis and dissemination).

Service user involvement group

The service user involvement group was made up of six individuals over the course of the study. Three of these were consistent throughout the whole project, while two left the group (one due to other commitments and one due to ill-health). Two of these individuals had received social care support in prison, while the other four had supported prisoners with social care needs. The group was made up of three women and three men, aged between 62 and 32. Three were white, one was Asian and two were mixed race.

The group was co-ordinated and facilitated by a member of the EP:IC collective, who had personal lived experience of imprisonment and had witnessed social care provision in prison. This meant she was able to directly contribute to the conversation where appropriate. We identified the most appropriate method of involvement was to present the material to the group in advance of the meeting and to provide PPIE members with the opportunity to digest and ask questions to the coordinator prior to the full research team being present.

Impact and learning

While findings are unable to demonstrate whether peer-supported social care is effective or cost-effective, this study shows that peer support schemes for social care are perceived by staff, buddies and recipients to be an important and valuable service that helps to meet social care needs, promote independence, and enable recipients to live life meaningfully. These schemes also supported stretched staff and enabled buddies to develop skills and fulfilment.

The findings from this study provide important lessons on what peer-supported social care in prisons in England and Wales should look like, if they are to be used and implemented in practice, for example in terms of governance, training, supervision and monitoring. Additionally, findings highlight a wide range of barriers that must be overcome to optimise peer support services for social care in future. Findings highlight the need to produce national standards for implementing peer-supported social care.

Findings outline gaps in data for measuring impact and cost. Additional data need to be collected on a national scale to ensure that services can be monitored (e.g. against PSIs) and evaluated. We provide an evaluation guide (see *Chapter 10*) from which future researchers in the long term can use to evaluate the impact and cost of peer-supported social care in prisons in England and Wales.

Throughout the project we have shared early interim findings with stakeholders from a range of organisations (e.g. HMPPS, local authorities, and the ADASS Care and Justice network) through the evaluation advisory group (in the form of presentations and sharing early drafts of chapters). We have plans to formally share the final findings with a range of stakeholders, including individual prisons, HMPPS, the ADASS Care and Justice network, prisoners and relevant charities. Therefore, it is expected that findings may help prison services to further develop peer-supported social care services that are offered in future.

Implications for decision-makers

Findings highlight the need to produce national standards for peer-supported social care, which specifically outlines how peer support services for social care should be implemented in prisons in England and Wales. In addition, these standards would specify what data would need to be collected on a national and local scale to ensure that services can be monitored and evaluated. While this will require resources to implement, it is important to be able to monitor and evaluate care provision, as would be the case with any community-based service.

We provide lessons for individual local authorities and prisons on how to implement peer support schemes for social care and the governance processes that need to be in place.

The findings provide lessons for HMIP on what information should be reported in the inspection reports in future.

Research recommendations

Further research should focus on the following areas:

- Exploring the impact of peer-supported social care on inequalities.
- Developing and piloting national standards and monitoring processes in a number of prisons to determine feasibility.
- Conducting a robust evaluation of effectiveness and cost-effectiveness of peer-supported social care.
- Exploring the relationship between different models of implementation and effectiveness and cost-effectiveness.

Additional information

CRediT contribution statement

Holly Walton (https://orcid.org/0000-0002-8746-059X): Conceptualisation, Data curation, Formal analysis, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Visualisation, Writing – original draft, Writing – reviewing and editing.

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Data-sharing statement

The anonymised qualitative data that support the findings of this study are available on request from the corresponding authors. To protect anonymity of interviewees, the data are not publicly available. Further information can be obtained from the corresponding authors.

Ethics statement

This study has been reviewed and given favourable opinion by London – South East Research Ethics Committee (REC reference: 22/LO/0592, 17 October 2022), and approval from the National Research Committee (NRC reference: 2022-224, 25 October 2022).

We also received necessary permission from prison governors to undertake the study in all prison sites. Additionally, in some instances we sought approval from local authorities to undertake interviews.

Information governance statement

University College London (the study sponsor) is committed to handling all personal information in line with the UK Data Protection Act (2018) and the General Data Protection Regulation (EU GDPR) 2016/679. Under the Data Protection legislation EP:IC consultants are the Data Processors; University College London is the Data Controller and EP:IC Consultants process personal data in accordance with University College London's instructions. You can find out more about how we handle personal data, including how to exercise your individual rights and the contact details for University College London's Data Protection Officer here (www.ucl.ac.uk/data-protection/data-protection-0).

Disclosure of interests

Full disclosure of interests: Completed ICMJE forms for all authors, including all related interests, are available in the toolkit on the NIHR Journals Library report publication page at https://doi.org/10.3310/MWFD6890.

Primary conflicts of interest: Chris Sherlaw-Johnson received funding from Health Navigator Ltd via the Nuffield Trust. Lucy Wainwright, Donna Gipson, Paula Harriott, and Stephen Riley are from EP:IC Consultants Ltd and were contracted by the NIHR RSET to conduct this study. Naomi J Fulop is an NIHR Senior Investigator, the UCL-nominated non-executive director for Whittington Health NHS Trust (2018–24), a non-executive director of the organisation COVID Bereaved Families for Justice, and a trustee of Health Services Research UK (to November 2022). Naomi J Fulop was formerly a member of the following: the UKRI and NIHR College of Experts for COVID-19 Research Funding (2020), the NIHR Health Services and Delivery Research (HS&DR) Programme Funding Committee (2013–8), and the HS&DR Evidence Synthesis Sub Board (2016). Stephen Morris is currently (2022–) a member of the SBRI Healthcare panel. He was formerly a member of the NIHR HS&DR Programme Funding Committee (2014–6); the NIHR HS&DR Evidence Synthesis Sub Board (2016); the NIHR Unmet Need Sub Board, the NIHR HTA Clinical Evaluation and Trials Board (2007–9); the NIHR HTA Commissioning Board (2009–13), the NIHR PHR Research Funding Board (2011–7); and the NIHR PGfAR expert sub-panel (2015–9). His post is funded in part by RAND Europe, a non-profit research organisation.

Publications

Published

Walton H, Tomini SM, Sherlaw-Johnson C, Ng PL, Fulop NJ. How is social care provided in adult prisons in England and Wales? *Br J Soc Work* 2023;**53**:718–36. https://doi.org/10.1016/j.puhe.2024.08.002.

Walton H, Sherlaw-Johnson C, Massou E, Ng PL, Fulop NJ. Peer support for health, social care, and educational needs in adult prisons: a systematic scoping review. *Public Health* 2024 Sep 20;**236**:412–21. https://doi.org/10.1093/bjsw/bcac145.

Submitted for review

Walton H, Sherlaw-Johnson C, Massou E, Ng PN, Wainwright L, Gipson D, *et al*. Understanding and evaluating social care provision in prisons in England and Wales. Submitted for publication in The Routledge Handbook of Prison Health and Wellbeing (June 2022).

Note. Three more publications are also in preparation.

Other outputs

Newspaper article

Peer supported social care in prisons. *Inside Time*, January 2024. URL: https://insidetime.org/information/peer-supported-social-care-in-prisons/

Blog

Peer Support for Adult Social Care in Prisons in England and Wales: A Q&A with Dr Holly Walton and Chris Sherlaw-Johnson. The Nuffield Trust; November 2023. URL: www.nuffieldtrust.org.uk/news-item/peer-support-for-adult-social-care-in-prisons-in-england-and-wales-a-qa-with-dr-holly-walton-and-chris-sherlaw-johnson

Slide set summary

Peer Support for Adult Social Care in Prisons in England and Wales. The Nuffield Trust; September 2023. URL: www.nuffieldtrust.org.uk/sites/default/files/2023-11/NIHR%20RSET%20-%20Peer%20support%20for%20adult%20social%20care%20in%20prisons%20slideset_15112023%20%20%281%29.pdf

Animations

Buddying Support Systems in Prisons: How Do They Work, and What Could Be Improved? The Nuffield Trust; May 2024. URL: www.nuffieldtrust.org.uk/media/buddying-support-systems-in-prisons-how-do-they-work-and-what-could-be-improved

Conference presentations

Walton H, Massou E, Sherlaw-Johnson C, Gipson D, Wainwright C, Harriott P, *et al*. *Peer Support for Adult Social Care in Prisons in England and Wales* (Poster). Presented at 10th RCGP, RCN & RCPsych Health and Justice Summit: Building bridges in health and justice (Belfast), October 2023.

Walton H, Sherlaw-Johnson C, Massou E, Ng PL, Fulop N. *Peer Support Services in Adult Prisons: A Systematic Scoping Review* (Poster). Presented at HSRUK 2023 (Birmingham), July 2023. URL: www.youtube.com/watch?v=9S153ha6kz0

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Appendix 1 Rapid systematic scoping review summary tables

TABLE 21 Summary of the number of studies reporting benefits of peer support

Who the benefit is for	Theme	Benefit	Total number of studies	Number of studies		
				Reported by staff	Reported by peer	Reported by recipient
Prison (*n* = 12)	Enhanced community	Staff and prisoner relationships/ sense of community	5	4	1	
		Better prison atmosphere	4	4		1
		Reduced levels of violence	1	1		
		Coping mechanisms	1			1
	Safety and security	Alerts concerns about situations	2	2		
		Mitigates security concerns	1	1		
	Resource/capacity	Resource benefits	1	1		
		Less governor problems	1	1		
	Improved care	Delivery of care	1		1	
		Improved working practices	1		1	
Staff (*n* = 12)	Resource/capacity	Capacity/workload	11	9	4	1
		Supporting evenings and weekends	1	1		
	Safeguarding	Signposting	2	2		
	Personal benefits	Rewarding	2	2		
		Openness	1	1		
Peers (*n* = 32)	Self-development	Self-development/personal growth	22	4	21	1
		Job skills	21	1	20	
		Motivation	13		10	3
		Responsibility/leadership	8	2	6	
		Employment	5		5	
		Education	2		2	
		Aspirations	1		1	
	Changes to criminal behaviour	Better behaviour	13	2	11	1
		Recidivism	1		1	
	Connecting with others	Strengthened relationships	12	4	7	2
		Support from staff	12		12	1

continued

TABLE 21 Summary of the number of studies reporting benefits of peer support (*continued*)

Who the benefit is for	Theme	Benefit	Total number of studies	Number of studies		
				Reported by staff	Reported by peer	Reported by recipient
		Reduces loneliness	3		3	
		Religion	1		1	
	Emotion	Enjoyment	9		9	
		Pride	2	1	2	
	Enhanced status	Status	11		11	
		Becoming role models	7	3	5	1
	Giving to others	Giving back/meaning or purpose	14		13	1
	Self-serving motivations	Redemption	6		6	
		Passing the time	5		5	
		Stay out of cells	1			1
		Stop being moved prisons	1			1
		Prison record benefits	1			1
		Appreciation from others	1		1	
	Other	Not specific	1	1		
Recipients (*n* = 29)	Improved care	Receipt of quality care	2	1	1	
		Saving lives by highlighting poor care	2		1	1
		Meets needs	1		1	
	Connecting with others	Support/understanding from someone similar	16	10	2	11
		Strengthened relationships	16	3	3	11
		Emotional health or Emotional support	9	2		8
		Support from staff	6		1	5
		Having an advocate	3		3	
		Reduces loneliness	1		1	
		Practical support	2		1	2
		Advice	1			1
		Problem solving support	1			1
	Changing harm behaviours	Prevention of self-harm/ suicide/crisis	9	5	2	6
		Less substance abuse	2	1		1
		Not specific	1	1		
	Self-development	Self-development	8			8
		Coping mechanisms	4			4

TABLE 21 Summary of the number of studies reporting benefits of peer support (*continued*)

Who the benefit is for	Theme	Benefit	Total number of studies	Number of studies		
				Reported by staff	Reported by peer	Reported by recipient
		Employment/employment skills	3			3
		Conflict resolution and acceptance	1		1	
		Empowerment	1		1	
		Cultural identity	1			1
	Self-serving motivations	Reduced sentence	1			1
	Safety and security	Housing/food	1			1
		Adjusting to prison	1			1
	Changes to criminal behaviour	Improved behaviours	2			2
		Post-release success	1			1
		Recidivism	1			1
		Cultural identity	1			1
	Other	Not beneficial	2			2

TABLE 22 Summary of the number of studies reporting challenges/risks of peer support

Challenge	Total number of studies reported in	Number of studies		
		Reported by staff	Reported by peers	Reported by those receiving support
Burden	12	2	10	1
Potential for abuse	9	5	3	2
Confidentiality	8	5	5	4
Hostility	8		8	
Prisoner safety – right motivations	7	3	3	2
Dealing with problems beyond role	6	2	4	
Who should be allowed?	5	3	3	1
Prison vs. peer support scheme rules	3	1	1	
Accountability	2	1	1	0
Support not always logged	2	1		1
Mediating between staff and prisoners	2		2	
Hierarchy within prison	1	1	1	
Dependency	1	1	1	

continued

TABLE 22 Summary of the number of studies reporting challenges/risks of peer support (*continued*)

Challenge	Total number of studies reported in	Number of studies		
		Reported by staff	Reported by peers	Reported by those receiving support
Prisoners copying behaviours	1	1		1
Reducing rapport between staff and prisoners	1	1		1

TABLE 23 Factors influencing implementation of peer support schemes in prisons

Theme	Subtheme	Examples	Total number of studies
Organisational factors (*n* = 9)	Funding/resources	Barriers: - Lack of funding as a barrier to implementing peer support. Facilitators: - Compensation/incentives for peers (with coupons) as a facilitator to peer support. - Staffing for programme as facilitator, for example co-ordinator positions. - Additional resources for programme	7
	Permissions	Barrier to implementation – permissions for needs assessment/equipment takes time	1
	Prison environment	Facilitators: - Physical environment structure - Comprehensive referral systems Barriers: - Prison environment – too many steps, narrow cells, not enough equipment	3
Individual level factors (*n* = 13)	Adoption, fidelity and stakeholder buy-in/ engagement	Facilitators: - Buy-in/engagement from gatekeepers in criminal justice system. - Buy-in/relationship built with on-the-ground staff, for example wardens, - Interviews to understand needs/needs driven - Adoption of programme Barriers: - Lack of treatment engagement. - Lack of adoption of model by prisons and by participants. - Variation of implementation from model	10
	Working together	Facilitators: - All groups having a shared sense of responsibility and working together to collaborate and achieve goals/team-based approach. - Representation of peers at safer custody meetings/weekly meetings/interdisciplinary meetings. Barriers: - Relationships between external provider and other areas of prison	7
	Adapting to recipient needs	Facilitators: - Translations of materials. - Sensitivities to culture. - Adaptations to training from pilot/development	4

TABLE 23 Factors influencing implementation of peer support schemes in prisons (*continued*)

Theme	Subtheme	Examples	Total number of studies
	Peer characteristics	Facilitators: - Time - Volunteering time for free – dedication/commitment. - Educated, trained and experienced peers. - Wide range of characteristics. - Open, caring and non-judgemental approaches	4
	Awareness	Barriers: - Lack of prisoner awareness of programme. - Lack of staff awareness of programme. Facilitators: - Staff and prisoner awareness	4
	Staff characteristics	Facilitators: - Awareness of importance of programme. - Leadership structure and expectations. Barriers: - Staff unclear about programme goals	2
Service level factors (*n* = 13)	Training	Facilitators: - Training of peers and staff. - Training by external agency.	7
	Programme planning/development	Facilitators: - Well-thought-out programme. - Developed using theory and stakeholder input. Barriers: - Structure of the programme	6
	Peer support scheme vs. criminal justice system	Barriers: - Mismatch between peer support and criminal justice system, for example peer worker history of crime, unable to provide equipment, conflicts between rules of security and provision of care. - Differences between policy and practice. - Competing demands of security and care. - Lack of clarity around boundaries – who is responsible re: health and social care. Facilitators: - Problem solving approach to minimise rule boundaries/adapt as necessary	4
	External involvement	Facilitators: - Training conducted by external organisation that has resources and motivation. - Meetings facilitated by external organisation. - Service-level agreement. Barriers: - Relations between external organisation and other areas of prison	1
	Data	Barriers: - Data inconsistencies – requests not logged. Facilitators: - Mechanism for recording incidents and outcomes. - Complaints dealt with jointly	2
Societal level factors (*n* = 1)	Societal factors	Facilitators: - COVID-19	1

TABLE 24 Summary of factors perceived to influence the delivery and receipt of peer support services (number of studies reported in total and by staff, peers and recipients)

Theme	Subtheme	Total number of studies	Number of studies		
			Reported by staff	Reported by peer	Reported by recipient
Organisational factors	Rules and regulations	11	7	6	2
	Prison estate and characteristics	10	4	5	3
	Confidentiality and trust	6	2	2	5
	Use of (or lack of use of) peer support	2	2		
Individual- level factors	Peer characteristics	24	3	21	6
	Working together	17	3	17	1
	Staff characteristics	16	4	11	6
	Staff resources	12	8	5	4
	Recipient characteristics	12	5	1	10
	Peer resources	9	3	7	2
	Confidentiality and trust	6	2	2	5
Service-level factors	Education, training and support	19	3	16	2
	External support	5	4	3	1
	Scope of service	4	2	2	1

Appendix 2 Documentary analysis summary tables

TABLE 25 Assessment of social care provision in adult prisons by prison category in England and Wales (based on HMIP reports)

		Total number of HMIP reports (*N* = 102, %)	Categories A, B, A/B (*n* = 46 : 3 Cat. A, 40 Cat. B, 3 Cat. A/B)	Categories C, D, C/D (*n* = 43 : 33 Cat. C, 9 Cat. D, 1 Cat. C/D)	Category B/D (*n* = 1)	Female prisons (*n* = 10)	YOI for adults over 18 (*n* = 2)
Are referrals for social care assessments made?	Yes	77 (75.5%)[a]	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[b]	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[b]	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%)	-
	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[b]	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[b]	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[b]	1 (1.0%)	1 (2.2%)	0	0	0	0

a The number of prisons that had referrals for social care assessments was 77, from which 'Yes' (*N* = 73); 'Clear referral pathways but no referrals' (*N* = 2); 'Referral pathways unclear' (*N* = 2).
b Not enough information to determine.
c The percentage within each prison type is calculated based on the total number of prison reports per that specific group.

TABLE 26 Summary of who provides social care (based on 102 HMIP reports)

	Who made referrals (*N*, %)	Who conducted assessments (*N*, %)	Who developed care plan? (*N*, %)	Who reviewed care? (*N*, %)	Who delivers social care? (*N*, %)
Providers from multiple sectors	11 (10.8%)	12 (11.8%)	2 (2.0%)	4 (3.9%)	13[a] (12.7%)
Social care staff	1 (1.0%)	15 (14.7%)	5 (4.9%)	3 (2.9%)	11[b] (10.8%)
Council	2 (2.0%)	22 (21.6%)	1 (1.0%)	1 (1.0%)	2 (2.0%)
Healthcare staff	1 (1.0%)	5 (4.9%)	1 (1.0%)	2 (2.0%)	11[c] (10.8%)
Commissioned care providers	3 (2.9%)	3 (2.9%)	2 (2.0%)	0	35[d] (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[e]	16 (15.7%)	0	0	0	0
Prisoners themselves or providers from multiple sectors[f]	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 Examples include healthcare staff and social workers together (e.g. occupational therapist and social worker, healthcare staff, social worker and occupational therapist, and healthcare provider and social care staff)/council and commissioned provider/commissioned care providers and healthcare staff/commissioned care provider and social care staff/council and prison staff/prison staff, healthcare staff, and social care staff/council and healthcare staff/commissioned provider, healthcare staff, and social care staff.
b Examples include social workers (e.g. those provided by the council or agency social workers), social care staff, social care assistants, and care workers.
c Examples include NHS trust/healthcare staff/healthcare assistant/nurse/nurse and healthcare assistants/healthcare support workers.
d Examples include private and voluntary sector organisations e.g. Care UK, Change Grow Live, Care and Custody Ltd, CHCP, Advanced Healthcare, Sodexo, Spectrum, GS4, IC24, Better Healthcare, Network, Virgin Care or agency workers.
e Including prison staff/healthcare staff/externally commissioned organisation/social care staff.
f Prison and healthcare team.

TABLE 27 Summary of peer support initiatives for social care in adult prisons in England and Wales (based on HMIP reports)

Category of peer support	Description	Number of reports (*n* = 41, %)	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, and 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 and 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 and informal, unsupervised peer support	Two types of peer support initiative: • Social care peer representatives (two social care peer representatives helped prisoners make support needs known by seeing all new arrivals). • Informal, unsupervised peer support (see description below)	1 (2.4)	Featherstone (2018)
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)

continued

TABLE 27 Summary of peer support initiatives for social care in adult prisons in England and Wales (based on HMIP reports) (*continued*)

Category of peer support	Description	Number of reports (*n* = 41, %)	Reports
Informal, unsupervised peer support	Prisoner acting informally as another prisoner's 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)

Note
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.

TABLE 28 Survey responses by prison category relating to the receipt of support in prison for prisoners with a disability and expected receipt of social care on release

	Support for prisoners who consider themselves to have a disability				Needs and social care support upon release from prison			
Category of HM prisons	Total responses[a]	Number who consider they have a disability[b] (% of responders)	Number receiving the support needed (% of those with a disability)	Number of reports	Total prisoners expecting to be released[c]	Number expected to need social care support (% of those expecting to be released)	Number expected to receive social care support (% of those needing support)	Number of reports
A	498	174 (35%)	50 (29%)	3	97	36 (37%)	7 (19%)	3
B	6115	2418 (40%)	595 (25%)	38	1241	543 (44%)	93 (17%)	36
A/B	496	161 (32%)	57 (35%)	3	3	3 (100%)	0 (0%)	2
C	4715	1546 (33%)	461 (30%)	29	866	323 (37%)	82 (25%)	25
D	1398	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	4652 (34.3%)	1311 (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	15,087	5286 (35.0%)	1510 (28.6%)	95	2869	1124 (39.2%)	247 (22.0%)	84

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.
Source: Her Majesty's Inspectorate of Prisons reports (2017–2020).

Appendix 3 Social care summary tables

TABLE 29 Social care aspects in the 18 prisons included in this study

Social care aspect		Number of sites reported in (*n* = 18)
Number of formal social care recipients	Up to 10	3
	11–20	1
	21–50	3
	51–100	1
	Difficult to quantify	2
	High number of prison population, difficult to quantify	2
	Not sure	2
	Not reported	4
Type of social care needs	Older adults	13
	Support for disability or health conditions/needs (including stroke)	11
	People who need support with mobility (e.g. moving in and out of cells, or people who use wheelchairs)	11
	Neurodiversity (including autism spectrum disorder)	8
	Dementia or cognitive impairment	6
	Learning difficulties	6
	Mental health conditions (e.g. bipolar, personality disorders, or schizophrenia)	3
	Hearing impairment	2
	Substance use	2
	Self-secluders or self-neglect	2
	Sight impairment	1
	Breathing problems	1
	People who need support with small task (e.g. carrying items)	1
	Palliative care	1
	Drug use	1
	Recovery from surgery	1
	Behavioural issues	2
	Younger adults	1
How social care is delivered in the 18 prisons		
Who is involved in delivering social care overall?	Local authority + prison team + private provider	5
	Local authority + prison team	9
	Mostly prison team with distant support from local authority	1

continued

TABLE 29 Social care aspects in the 18 prisons included in this study (*continued*)

Social care aspect		Number of sites reported in (*n* = 18)
	Prison + health/social care provider	2
	Local authority team	1
Who does the referrals?	Occupational therapist (local authority)	1
	Social care practitioner (based in prison, funded by local authority)	1
	Disability liaison officer (prison)	1
	A range of individuals – prisoners or prison staff or external provider (if applicable) (including reception staff doing induction)	6
	Healthcare team (prison)	1
	Healthcare team + prison staff (prison)	2
	Healthcare team or induction officers (prison) then screened by safer custody and then remotely screened by council social workers	1
	Prison staff	2
	Not reported	3
Who does social care assessment?	Healthcare assistant (prison)	1
	Social care practitioner (based in prison, funded by local authority)	1
	Healthcare team (prison)	1
	Local authority team	13
	External provider	1
	Not reported	1
What do social care assessments cover?[a]	Social care needs	9
	Equipment needed	9
	Care plan	4
	Referrals to other services	2
	Not reported	8
Who provides personal social care support?	Healthcare assistants (prison)	1
	Social care practitioner (based in prison, funded by local authority)	1
	Occupational therapists (local authority), social care practitioner (local authority), disability liaison officer (prison)	1
	Local authority social care team	6
	External social care providers funded by local authority	2
	Healthcare assistants funded by healthcare provider	1
	External provider or someone in prison	1
	Care provider funded by local authority and based in prison	2
	Local authority team and healthcare (occupational therapists)	1
	Not reported	2
Who reviews social care needs?	Healthcare assistant (prison)	1
	Local authority	2
	Not reported	15

a Total does not add up to 18 as prisons may have reported more than 1 of these options.

TABLE 30 Factors influencing social care provision in the prisons (*n* = 18) included in this study

Factor	Summary
Understanding social care and the need for prison social care roles – add-on or protected role	• Prison leads highlighted that a key barrier to the provision of social care in prisons in England and Wales is that social care is often included as an 'add-on' to prison staff job roles (managerial and on-the-ground staff), rather than a protected role with a dedicated job role and with protected time in its own right • While some prisons did report part-time dedicated social care staff, this was not felt to be enough to manage the need • National and prison leads acknowledged difficulties associated with planning staffing in prisons due to low demand for social care in some prisons, high turnover of staff, lack of understanding of social care and lack of clarity of responsibilities
Collaboration between prison and local authorities	• Collaboration between prison and local authorities was perceived to be both a barrier and facilitator to social care provision by national leads and prison leads, depending on the quality of the relationship and social care provision • Some prison leads highlighted positive working relationships across local authorities and prison staff, and others reported challenges (e.g. lack of support from local authorities, a lack of memoranda of understanding, and a lack of funding)
Clear processes and procedures	• Examples of processes/procedures that facilitated social care included: having received free training from expert occupational therapists to train staff on how to push wheelchairs, having a care plan, having monthly safety meetings to go through safeguarding issues and external care organisations going through care plans with recipient and peer providers to ensure that everyone knows what is expected of them • National leads and prison leads reported unclear processes and procedures, including the use of ad hoc instead of formal processes for social care (including no training for wheelchair handling and other social care skills)
Resources	• National leads highlighted that the social care grant is not ringfenced funding and so it is up to local authorities to decide how to use it. Additionally, different local authorities have different budgets for social care and thus some are under more pressure than others • Some prison leads felt that their prison estate accommodated social care needs, including specific wings that are more accessible to social care needs • Prison leads identified some resource barriers, including not having enough equipment for social care for the whole prison (e.g. too few wheelchairs), difficulties obtaining support to buy and maintain social care equipment within the prison budget and gaps in care provision for prisoners

Appendix 4 Peer-supported social care summary tables

TABLE 31 Aims/goals, outcomes/perceived impacts of peer-supported social care

Level	Aims/goals	Outcomes/perceived impacts
Recipients	• Improve quality of life • Enhance independence • Provide decency • Provide help that recipients need • Enable recipients to live fuller life, safely, and equitably • Enable recipients to be part of community • Provide equivalent quality care to community • Provide appropriate regime adaptations to meet needs • Provide purposeful activity • Well-being • Level the playing field and ensure people are not disadvantaged and can be active in prison • Release planning (somewhere to live and look after themselves) • Companionship • Support • Lessen chances of falls or self-neglect – preventative care	↑ Quality of life ↑ Well-being ↑ Mental health ↑ Independence ↑ Dignity and decency ↑ Filling gaps for care not received from local authority ↑ Safety, support and comfort knowing receiving support from someone they know ↑ Feeling part of community ↑ Comfort ↓ Self-neglect ↑ Support around needs and how to meet needs on release ↑ Reassurance that support is there ↑ Access and participate in activities ↑ Normal life as would in community ↑ Access to healthcare services ↓ Loneliness ↑ Rehabilitation (less likely to offend) ↑ Voices heard ↑ Physical strength ↓ Need for physical aids ↓ Preventing further care being needed
Buddies	• Provide rehabilitation • Enable resettlement in community • Develop empathy and compassion • Develop skills to support employment in the community • Develop purpose • Pride • Confidence • Self-esteem • Empower prisoners to help others • Alleviate boredom • Reward/pay • Friendships	↑ Purpose/giving back ↑ Employment skills/paid employment ↑ Empathy ↑ Skill development ↑ Sense of achievement ↑ Demonstrating changed behaviour and made progress at release and parole board ↑ Number of social care referrals (peers can refer) ↑ Compassion ↑ Empowerment ↑ Relationship building ↑ Altruism ↑ Joy/satisfaction
Prison staff	• Welfare of their community • Help staff maintain running of prison • Support staff with decency and safety • Provide support equivalent to community • Decrease pressure on expert systems	↓ Pressure on social care staff ↓ Prison staff workload ↓ Prison resources ↓ Local authority resources ↓ Responsibilities but ↑risk management ↑ Working environment ↑ Friendliness
Prison environment	• Save costs (could not provide care and operate without peers) • Raise awareness of social care, • Develop scheme (if do not have one • Improve atmosphere	↓ Cost ↑ Community ↑ Participation in regime and support ↓ Pressure on administration department (e.g. complaints) ↓ Pressure on healthcare – not having to provide outreach services ↓ Demand on healthcare for support and medication (preventative care – increasing independence) ↑ Safety ↑ Awareness of needs ↑ Care outcomes ↑ Support of prison regime

TABLE 32 Factors influencing implementation of peer-supported social care

Theme		Subtheme	Reported in national lead interviews	Reported by prison leads (number of prisons reported in) (*n* = 18)
Social care peer support service factors	Barrier	Staffing and resources	X	X (*n* = 11)
		Lack of collaboration between organisations	X	X (*n* = 3)
		Meetings		X (*n* = 2)
		Lack of accountability for service/management structure	X	
		No national package/not mandated	X	
	Facilitators	Training and supervision processes	X	X (*n* = 13)
		Collaboration between organisations	X	X (*n* = 11)
		Staff member who takes responsibility for day-to-day running of scheme	X	X (*n* = 9)
		Meetings	X	X (*n* = 6)
		Funding structure	X	X (*n* = 6)
		Staffing and resources		X (*n* = 3)
		Local authority ownership		X (*n* = 2)
		Professional input regarding appropriateness of social care needs		X (*n* = 2)
		Tenacity of external organisation	X	
		Additional peers trained as bank staff	X	
		Uniform to make recognised role	X	
Prison factors	Barriers	Prison regime – wing locked-up or incidents	X	X (*n* = 11)
		Type of prison, for example Remand status	X	X (*n* = 8)
		Turnover of trained prisoners	X	X (*n* = 6)
		Pay structure not fitting with social care role		X (*n* = 5)
		Lack of structured approaches	X	X (*n* = 4)
		Referrals going to healthcare		X (*n* = 1)
		Need for safeguarding processes		X (*n* = 1)
		Lack of collaboration between prison departments		X (*n* = 1)
		Prison operating at full capacity	X	
		Not having the right estates	X	
		Recruitment and retention of staff	X	

TABLE 32 Factors influencing implementation of peer-supported social care (*continued*)

Theme		Subtheme	Reported in national lead interviews	Reported by prison leads (number of prisons reported in) (*n* = 18)
	Facilitators	Structured approaches	X	X (*n* = 14)
		Collaboration between prison departments	X	X (*n* = 8)
		Prison regime		X (*n* = 6)
		Open referrals		X (*n* = 1)
		Enthusiasm of prisons	X	
		Prison input to where peers work and who with	X	
Staff characteristics	Barriers	Staff not understanding role	X	X (*n* = 9)
		Lack of understanding of social care	X	X (*n* = 8)
		Negative staff attitudes (including lack of acceptance and awareness)	X	X (*n* = 7)
		Full-time job to arrange peer support		X (*n* = 3)
		Time	X	
	Facilitators	Project champions/determined members of staff	X	X (*n* = 12)
		Positive staff attitudes		X (*n* = 4)
		Stakeholder buy-in	X	X (*n* = 4)
		Understanding of social care	X	X (*n* = 3)
		Awareness of scheme		X (*n* = 1)
		Understanding of peer role	X	
		Time	X	
Prisoner characteristics	Barriers	Amount of need (variation in need and lack of need)	X	X (*n* = 10)
		Prisoner reluctance to access care	X	X (*n* = 7)
		Orderlies being taken advantage of		X (*n* = 5)
		Unloved roles		X (*n* = 7)
		Lack of recognition and value		X (*n* = 3)
		Lack of training and support	X	X (*n* = 2)
	Facilitators	Desirable or perceived valuable role	X	X (*n* = 6)
		Prisoner honesty		X (*n* = 1)
		Buddies supporting training sessions	X	
		Enthusiasm	X	
		Recipient appreciation	X	
		Having a cohort of trained buddies	X	
Societal factors	Barriers	COVID-19	X	X (*n* = 2)
		Difficulties joining up care inside and outside of prison	X	
		Funding	X	
	Facilitators	External momentum/push due to population changes	X	X (*n* = 1)

Appendix 5 Experience (delivery and receipt) summary tables

TABLE 33 Summary of the themes, subthemes and example quotes of the factors influencing delivery and receipt of peer-supported social care

Theme	Subthemes and descriptions	Example quotes
Respect, reward and recognition	**Payment** • Buddies across all sites and some staff and recipients – low pay is a barrier. The pay was felt to not be reflective of the role and responsibilities (buddies working 7 days a week in a demanding role) • Buddies spoke about how other jobs in the prison do not work as long hours or every day, but some of them are paid more than buddies (one site emphasised they are the lowest paid job in the prison), thus leaving them feeling undervalued • Buddies (one site) mentioned that they have been underpaid for the last year due to an administrative error **Recognition** • Perceived lack of recognition (four sites). Buddies (and some staff and recipients) reported that staff are proud of their work, but they never receive any formal written or formal recognition or praise for their work • For others, recognition was a facilitator. Some buddies felt the role was valued and appreciated by staff and that verbal feedback from staff means a lot and can contribute towards the buddies parole report and count towards the end goal of release. **Uniform** • Buddies (two sites) reported a lack of uniform or that the uniform does not clearly outline that the individual has the peer support social care role. A clearer uniform was felt to help with visibility and staff knowing that the peer is in a trusted role. There were also issues highlighted re: getting their normal clothes dirty when undertaking their peer support role and how a uniform would help to overcome these challenges	• *I believe it could be paid more personally because this is public sector, the prison. The last one I was in which was a private prison was actually twice the wage than this specific prison. But they expect us to do a lot more work for the job role we do compared to a lot of other industry jobs here […] they'll do two sessions a day or something. But we are expected to be on hand all the time to do a lot of tasks all the time. So it's a lot more demanding.* Buddy, site C • *I took [recipient] across to see [staff] who's a memory test nurse last week. […] she said I cannot believe the change in you since [peer] started looking after you. […] you're more yourself and everything and I was welling up. You know thinking it's nice to hear something like that, and I said to [staff], I said, it's nice to hear that but we never get anything written down to put on our file or anything. She said, I'll do you a letter today. […] I still haven't got it but when I've got it. […].* Buddy, site M • *We give them so much praise, because they need it.* Staff, site M • *It's a standard top that everybody wears […] it doesn't differentiate […] I think the need to make it noticeable. Even if they put social care peer whatever on the back […] so people know that's what they're there for.* Buddy, site L
Skills, training and awareness	**Buddy training and awareness** • Barrier reported by buddies (all sites): perceived lack of training, for example inconsistent and lack of delivery of the peer support training in one prison, and across multiple prisons, the delivery of certain topics including biohazard training (despite being recommended on the job description for one prison) and first aid • Views that training is sometimes perceived as a rubber stamp exercise – ticking boxes rather than learning the role • Views that shadowing and learning on the job was more helpful than the peer supporter training. However, a few days of shadowing was not enough • Some buddies highlighted that a facilitator to peer support was having a team of buddies that know what they're doing and when to ask for help.	• *I don't feel like they get enough. […] They get the BICSs training. They get the health and safety training, food and hygiene, things like that. But it's the actual ins and outs of the job. There's been a couple of times when I've pulled one of the buddies aside and said 'You're not allowed to do that. You should know that you're not allowed to do that.' But if they've not had the correct training to say-But they've been signed off as knowing not to do that.* Staff, site C

continued

TABLE 33 Summary of the themes, subthemes and example quotes of the factors influencing delivery and receipt of peer-supported social care (*continued*)

Theme	Subthemes and descriptions	Example quotes
	Staff training and awareness • Buddies, staff, and recipients reported a lack of training and understanding/awareness of staff of what social care is, what social care support is available, and the peer supporter role for social care • Buddies emphasised the need for officers to understand the role and what carers do (including what they are and are not allowed to do) and the importance of buddies having access to provide support **Other** • One buddy highlighted that a competing training course that they are required to do as part of their sentencing plan takes time away from their buddy role but is necessary • One peer highlighted that receiving listener training has helped them to deliver peer-supported social care role	• *They've got the exactly the same manual exactly as I had. They're yet to be signed off. So with me as the senior buddy, I've taken the lead, trying to impart my understanding and learning onto them, because of the pandemic, the training hasn't been there yet. They've gone through and we've sat down and gone through my training module and my understanding of the training [...] but they haven't officially signed off and we were discussing this last week that you know, if anything went wrong, when the shit hits the fan, who's gonna be thrown under the bus, because these aren't being trained. Because then that surely then you have responsibility for making sure we're trained to do the job.* Buddy, site E • *I think the new prison officers they are just completely unaware of the process and I feel like that needs to be rolled out across all the prisons because they just don't know. The prisoners, they do accept peer support and they are actually quite good with them as well'.* Staff, site L
Access and regime	**Prison regime and culture** • Restricted regime reported by staff, buddies and recipients (all sites) as a barrier. During lock-up (due to staff shortages or incidences), buddies are locked up in their cell and unable to provide support to their recipients. This has been found by buddies to make it difficult for them to fit all their workload in • Buddies highlighted the risk of working in prison regime restraints on provision of care (such as providing water) and ensuring recipients' dignity. One peer recalled an issue where a client needed help in the middle of the night but because of prison rules they were unable to receive support until the morning, meaning that they were left in an uncomfortable and undignified position for hours • Facilitative regimes supported peer support, including buddies being open all day (except for 90 minutes during roll call). This was perceived to be a facilitator in one site, and buddies having red bands supported access in another site **Prison estate** • Prison estate characteristics (including having lots of stairs) was a barrier to peer-supported social care in one prison. **Prison processes** • Prison processes was also perceived to be a barrier (e.g. lack of processes for social care applications and unmet needs for those with learning disabilities and neurodiversity)	• *When we're in lockdown we're all on lockdown, the carers aren't left open. Which I think we should be.* Buddy, site M • *They have started releasing us or letting us out on a lockdown day, only those that are working on the rota, so we have managed to get that far, but in the past we've struggled.* Buddy, site E • *Well they do open them up first, before us, if – Well to collect your bowls, and all that lot. [...] To be fair, I think when lockup's lockup, everyone should be locked up.* Recipient, site C

TABLE 33 Summary of the themes, subthemes and example quotes of the factors influencing delivery and receipt of peer-supported social care (*continued*)

Theme	Subthemes and descriptions	Example quotes
Time and capacity	**Peer time constraints** • Buddies time – both barrier and facilitator: with a lack of buddy time restricting ability to provide all of the care required and talk with recipients. Recipients reported perceptions that buddies were overworked and therefore did not have time to provide as much care as needed. Buddies in one prison emphasised the need to recruit more buddies • Buddies felt they had the time to do the job (e.g. open all day) and an appropriately sized team of buddies felt that this was a facilitator to the delivery of peer-supported social care. **Staff time constraints** • Staff time was a barrier to provision of social care, for example having a lack of time to facilitate the scheme. **Need for peer support** • In the prison that did not have a peer support scheme for social care, a barrier was a perceived lack of need by staff. Also supported by some recipients who emphasised that there are not many prisoners with social care needs in their establishment.	• *We do spend time trying to interact with them but with the new regime it's getting a bit difficult because we're limited on time.* Buddy, site C • *If the girls are managing to cope with their load, then yes. If they're not, then they should at least find someone else to cover it or do that job if they can't. The girl that's meant to come here has apparently got six people that she's meant to look after. That's just ridiculous, there's no way that she's going to do six people and still go to the gym […] she is overloaded with work.* Recipient, site L • *So I've had almost no time, for the last year […] we're not assigned guaranteed time.* Staff, site C
Equipment	**Access to equipment** • Findings from buddy interviews across all sites highlighted that access to equipment for social care (including personal protective equipment and phones) is necessary for the provision of peer- supported social care	• *I think we've got people who need wheelchairs, as long as we've got the facilities, the wheelchairs and like shower support, you've got bars you can put at the side of your shower for people who can't, when they try getting off the toilet. So they provide that, as long they keep that and […] yes we can do our job.* Buddy, site M
Relationships	**Buddies and recipient** • Relationships between buddies and their recipients was both a barrier and facilitator to delivering peer-supported social care **Buddies and staff** • Relationships between buddies and staff (particularly lack of communication) was both a barrier and facilitator to delivering peer-supported social care **Buddies** • Relationships between buddies was both a barrier and facilitator to delivering peer-supported social care **Prison** • Relationships between prisons was a barrier to peer support schemes **Recipient and staff** • Relationships between recipients and staff was both a barrier and facilitator to delivering peer-supported social care **Prison departments** • Relationships between prison departments was both a barrier and facilitator to delivering peer-supported social care **Cross organisations** • Relationships across organisations (local authorities and prisons) was both a barrier and facilitator to delivering peer-supported social care	• *Over time I became trustworthy to him and I learnt that whoever he'd talked to in prison before was letting him down. He didn't trust anybody, but over time he became a different person.* Buddy, site E • *Certain officers that I would trust and there's definitely certain officers I wouldn't trust. But I think that goes with every prison.* Buddy, site C • *Dislike I suppose it's if we take information from a client that needs to go to an officer or somewhere, all we can do is go back, alright it's done, they're going to get on with it, but then you go back and nothing happens, so then because we're the middle men.* Buddy, site E • *Individually, we're very different, but we gel quite well as a team, you'll find that somebody's very good at organising, […] I'm the more compassionate […] when you mix us all together, we actually work really well.* Buddy, site E • *The communication between the prison and the council has improved massively since I've been here.* Staff, site C • *So we're known as an integrated team. […] So because I'm working dually across health and social care it really helped that relationship as well. [...] I kind of feel like I'm that bridge if that makes sense.* Staff, site E

continued

TABLE 33 Summary of the themes, subthemes and example quotes of the factors influencing delivery and receipt of peer-supported social care (*continued*)

Theme	Subthemes and descriptions	Example quotes
Attitudes	**Staff attitudes** • Key barriers included negative staff attitudes towards peer support scheme (e.g. resistance, disinterest, add-on role, lack of understanding and ignorance, no empathy or compassion) **Recipient attitudes** • Key barriers included recipient attitudes (e.g. wanting to remain independent, trying to receive support not entitled to, not wanting to look after themselves, reluctant to receive care, shyness or stubbornness) **Peer attitudes** • Buddies reported their self-motivation and personal characteristics that helped them in their role	• *But I feel like the prison staff could have really pushed for that more rather than me trying to advocate for this person completely on my own.* Site E, staff • *We can go to most one stripe wing staff and get the help we need, they're approachable and if we could pick somebody to oversee the buddies, there's a few people we would go to but at the moment, anybody with two or three stripes, it's almost like they're not really interested.* Buddy, site E
Processes and procedures	**Processes** • Clear procedures and processes important • Barrier: lack of processes (including succession planning to replace number one buddies, contracts, training records and to identify those in need) limits peer-supported social care. On the other hand, buddies being able to make referrals for social care and formal agreements between buddies and recipients facilitates peer-supported social care **Standardisation** • Lack of standardisation of care limited peer-supported social care	• *Especially on a wing like this, it's very hard to replace the number one buddy slot. […] you'd need like a number two in training all the time ready to step in.* Staff, site C • *I managed to get a copy of the prison service instruction, PSIs. And I obviously read through all that and altered my job role to comply with that. […] the compact just basically tells you how to clean the cell, that you should be doing a food trolley and that you should be pushing wheelchairs.* Buddy, site C • *The thing about these places, open prisons, is that it's like a test on your endurance to see if you cope on your own in a way, ready for being let out. I think that's what all prisons are, about rehabilitation, isn't it? So they don't do a great deal for you, you've got to do more for yourself.* Recipient, site D • *The person that you look after tells us what their needs are. […] there is care plans, we don't see it. We don't see it because that's healthcare's care plan.* Peer, site M • *I have a diary, a written diary […] I write it for myself and I include what I've done with the caring as well. So a record for myself. […] (asked about record keeping) No I've always thought that was a bit strange to be honest because I know on the outside any carers going into people's houses would have to write in the care book.* Buddy, site M

TABLE 33 Summary of the themes, subthemes and example quotes of the factors influencing delivery and receipt of peer-supported social care (*continued*)

Theme	Subthemes and descriptions	Example quotes
Boundaries	**Clear boundaries** • Having clear boundaries was perceived by all groups as key for safety **Want for additional responsibilities** • Some buddies and recipients reported barriers associated with the current rules and regulations of peer- supported social care in that peers are not allowed to physically touch their recipients • Buddies and recipients reported desires for buddies to have additional responsibilities, including being able to administer first aid, having contact so they can help someone up if they fall, helping someone to pull their jumper down and help with physiotherapy exercises would be helpful in supporting peer support provision **Pushing boundaries** • Some buddies reported that barriers to peer support include others pushing boundaries of what buddies are allowed to deliver	• (Views on boundaries): *Yes, I do, because people can give you accusations. They can say, 'Well, she's touched me and', because we are in prison.* Buddy, site L • *The man that we give social care to, he can't get his socks on. So in a morning sometimes, obviously if we're short staffed, or something like that, you know, we might not get round to showering him until 10 o'clock, you know, but his peer carer isn't allowed to help him get dressed. So I think they find that sort of quite frustrating. Stuff that they feel is quite low level, they're not allowed to do, because obviously they're not allowed to put hands on each other are they? […] but I mean that's not a bad thing. You know? Because I think once you start doing one thing, then what's stopping them putting their trousers on, and pants on, and putting creams on? So, I think there has to be that fine line.* Staff, site M • *Obviously we're under quite strict rules as to what we can and can't do as a buddy. Now I know an oldish gentleman, he's 87 years old […] he's in a wheelchair, he's frail, he's been deteriorating very badly. He was stuck on his toilet for over an hour and a half over lunch. And we came in just to check on him after lunch and he was stuck on the toilet […] we've had to go and get an officer to go and get help to help him up and get him back in the wheelchair. I know it sounds silly, but we could do that. We could give them that little extra bit of support, but we have to then be shown how to do that by the social care people. If one of my old boys is falling over, I've got to let them fall. […] how cruel is that?* Buddy, site C • *The buddies are constantly looked at for cell moves [….] the officers will come to us and be like, oh can you help this person move? Can you help that person? It's not in our job title to just move everyone, but they come to us.* Buddy, site E
Continuity of care	**Continuity of buddies** • There were mixed views on the need for continuity of buddies, with one recipient reporting that continuity of buddies would be helpful to build trust and a peer reporting that rotation of buddies is helpful to prevent overattachment **Continuity of staff** • Some buddies, recipients and staff emphasised the importance of continuity of staff in leading and supporting the peer support schemes and that a lack of continuity has made this challenging **Continuity of care** • A few staff members and recipients highlighted the need for continuity of social care more generally	• *I found there was a fault in that system because if one of them went sick or moved on, one of the buddies went sick or moved on to another prison, it's very hard to get them to accept somebody else as a buddy because they get attached to that one person and they don't want anybody else in there.* Buddy, site C • *The only thing I will say there's only one problem. I've seen it. And I'm blunt. Please do not swap your bloody, […] Please do not swap bloody buddies half way through your sentence or something […] if everybody's okay, don't take him off and give him to someone else. I've got used to that. That's the worst thing you can do. He's my buddy […] he's my buddy, and I've built a rapport with him.* Recipient, site E

TABLE 34 Summary of the factors influencing peer-supported social care (broken down by participant group and prison)

		Reported by staff?			Reported by buddies?			Reported by recipients? (number of sites)		
Theme	Subthemes	Overall (number of sites)	Barriers (number of sites)	Facilitators (number of sites)	Overall (number of sites)	Barriers (number of sites)	Facilitators (number of sites)	Overall (number of sites)	Barriers (number of sites)	Facilitators (number of sites)
Respect, reward and recognition	Payment	X (*n* = 3, site D,E,L)	X (*n* = 2, site D,L)	X (*n* = 1, site E)	X (*n* = 5, site C,D,E,L,M)	X (*n* = 5, site C,D,E,L,M)	X (*n* = 1, site E)	X (*n* = 2, site C,E)	X (*n* = 2, site C,E)	
	Recognition	X (*n* = 2, site E,M)		X (*n* = 2, site E,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,E,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 1, site C)	X (*n* = 1, site C)	
	Uniform				X (*n* = 2, site L,M)	x (*n* = 2, site L,M)				
Skills, training and awareness	Buddy training	X (*n* = 4, site C,E,L,M)	X (*n* = 2, site C,L)	X (*n* = 3, site C,E,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 1, site L)	X (*n* = 1, site L)	
	Staff training/ awareness	X (*n* = 3, site C,E,L)	X (*n* = 3, site C,E,L)	X (*n* = 1, site C)	X (*n* = 3, site E,L,M)	X (*n* = 3, site E,L,M)		X (*n* = 2, site D,L)	X (*n* = 2, site D,L)	X (*n* = 1, site D)
	Competing demands				X (*n* = 1, site C)	X (*n* = 1, site E)				
	Other roles/ experience				X (*n* = 1, site E)		X (*n* = 1, site E)			
Access and regime	Prison regime and culture	X (*n* = 3, site E,L,M)	X (*n* = 3, site E,L,M)	X (*n* = 1, site M)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 2, site E,L)	X (*n* = 3, site C,L,M)	X (*n* = 3, site C,L,M)	X (*n* = 1, site C)
	Prison estate	X (*n* = 3, site D,E,L)	X (*n* = 3, site D,E,L)		X (*n* = 1, site E)	X (*n* = 1, site E)				
	Prison processes	X (*n* = 1, site L)	X (*n* = 1, site L)		X (*n* = 2, site E,L)	X (*n* = 1, site L)	X (*n* = 2, site E,L)	X (*n* = 3, site D,E,L)	X (*n* = 1, site D)	X (*n* = 2, site E,L)
Time and capacity	Buddies time constraints	X (*n* = 4, site C,E,L,M)	X (*n* = 1, site C)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 2, site C,L)	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,L,M)	X (*n* = 2, site C,L)	X (*n* = 2, site C,M)
	Staff time constraints	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,L,M)	X (*n* = 2, site C, E)	X (*n* = 3, site C,E,M)	X (*n* = 3, site C,E,M)	X (*n* = 1, site E)	X (*n* = 2, site C,E)	X (*n* = 2, site C,E)	
	Need for peer support	X (*n* = 2, site D,L)	X (*n* = 2, site D,L)					X (*n* = 1, site D)	X (*n* = 1, site D)	
Equipment	Access to equipment	X (*n* = 3, site C,E,L)	X (*n* = 2, site C,E)	X (*n* = 2, site C,M)	X (*n* = 3, site C,E,M)	X (*n* = 2, site C,E)	X (*n* = 2, site C,M)	X (*n* = 4, site C,D,E,L)	X (*n* = 3, site C,E,L)	X (*n* = 4, site C,D,E,L)
Relationships	Buddies and recipients	X (*n* = 2, site L,M)	X (*n* = 1, site L)	X (*n* = 2, site L,M)	X (*n* = 3, site C,E,M)	X (*n* = 3, site C,E,M)	X (*n* = 3, site C,E,M)	X (*n* = 1, site M)	X (*n* = 1, site M)	X (*n* = 1, site M)
	Buddies and staff	X (*n* = 4, site C,D,L,M)	X (*n* = 1, site M)	X (*n* = 4, site C,D,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,E,L)	X (*n* = 4, site C,E,L,M)			
	Buddies	X (*n* = 1, site D)	X (*n* = 1, site D)		X (*n* = 4, site C,E,L,M)	X (*n* = 2, site E,M)	X (*n* = 4, site C,E,L,M)			
	Prison	X (*n* = 2, site C,D)		X (*n* = 2, site C, D)	X (*n* = 1, site E)	X (*n* = 1, site E)				
	Recipient and staff				X (*n* = 1, site M)	X (*n* = 1, site M)		X (*n* = 3, site D,E,L)	X (*n* = 3, site D,E,L)	X (*n* = 2, site E,L)
	Prison departments	X (*n* = 3, site C,E,L)	x (*n* = 1, site L)	X (*n* = 3, site C,E,L)				X (*n* = 1, site D)	X (*n* = 1, site D)	
	Cross organisations	X (*n* = 5, site C,D,E,L,M)	X (*n* = 2, site C,E)	X (*n* = 5, site C,D,E,L,M)						

TABLE 34 Summary of the factors influencing peer-supported social care (broken down by participant group and prison) (*continued*)

		Reported by staff?			Reported by buddies?			Reported by recipients? (number of sites)		
Theme	**Subthemes**	**Overall (number of sites)**	**Barriers (number of sites)**	**Facilitators (number of sites)**	**Overall (number of sites)**	**Barriers (number of sites)**	**Facilitators (number of sites)**	**Overall (number of sites)**	**Barriers (number of sites)**	**Facilitators (number of sites)**
Attitudes	Staff attitudes	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,E,L)	X (*n* = 2, Site C,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 1, site C)	X (*n* = 1, site L)	X (*n* = 1, site L)	
	Recipient attitudes	X (*n* = 4, site C,D,L,M)	X (*n* = 4, site C,D,L,M)		X (*n* = 3, site E,L,M)	X (*n* = 3, site E,L,M)		X (*n* = 3, site D,E,L)	X (*n* = 3, site D,E,L)	X (*n* = 1, site D)
	Buddy attitudes	X (*n* = 2, site C,M)	X (*n* = 1, site C)	X (*n* = 1, site M)	X (*n* = 3, site C,E,M)		X (*n* = 3, site C,E,M)	(*n* = 1, site C)	(*n* = 1, site C)	(*n* = 1, site C)
Processes and procedures	Processes	X (*n* = 4, site C,D,E,L)	X (*n* = 3, site C,D,L)	X (*n* = 3, site D,E,L)	X (*n* = 4, site C,E,L,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 3, site C,E,L)	X (*n* = 4, site C,D,E,L)	X (*n* = 4, site C,D,E,L)	X (*n* = 1, site C)
	Standardisation	X (*n* = 1, site C)	X (*n* = 1, site C)		X (*n* = 1, site C)	X (*n* = 1, site C)		X (*n* = 2, site L,M)	X (*n* = 2, site L,M)	
Boundaries	Want for additional responsibilities	X (*n* = 1, site M)	X (*n* = 1, site M)		X (*n* = 3, site C,E,M)	X (*n* = 3, site C,E,M		X (*n* = 1, site M)	X (*n* = 1, site M)	
	Pushing boundaries				X (*n* = 1, site L)	X (*n* = 1, site L)				
	Having boundaries	X (*n* = 2, site C,M)	X (*n* = 1, site M)	X (*n* = 1, site C,M)	X (*n* = 4, site C,E,L,M)	X (*n* = 2, site C,M)	X (*n* = 3, site C,E,L)	X (*n* = 2, site C,M)	X (*n* = 2, site C,M)	
Continuity of care	Staff				X (*n* = 1, site E)	X (*n* = 1, site E)				
	Care	X (*n* = 1, site L)	X (*n* = 1, site L)					X (*n* = 1, site M)	X (*n* = 1, site M)	
	Buddies	X (*n* = 1, site C)		X (*n* = 1, site C)	X (*n* = 2, site C,E)		X (*n* = 2, site C,E)	X (*n* = 3, site C,D,L)	X (*n* = 3, site C,D,L)	X (*n* = 2, site C,L)

Appendix 6 Summary of findings from this study in relation to the prison service instruction for peer support

TABLE 35 Summary of findings from this study in relation to the prison instruction for peer support

Topic	Summary of prisoners assisting other prisoners PSI[45] (see *Chapter 1* for full guidance statements)	Summary of evidence relating to this PSI from the study
Training and supervision	• Peers/recipients must be informed of the benefits of peer support, limits of peer support (boundaries in care plan), activities that are and are not appropriate, safeguarding policies and how to raise concern, definitions of abuse and neglect, and how to report • Peers must be appropriately selected, risk assessed, trained, supported and supervised – protecting against abuse and neglect • Discussions should ensure everyone is happy with proposed task allocation	• There are inconsistent job descriptions/compacts, and there is inconsistent or a lack of formal training and supervision in place (for staff or buddies) • Guidance on training and supervision may not currently be met across the board in prisons in England and Wales and there is a need to improve training and support for buddies and staff providing social care support
Clear employment processes	• Peers must be appropriately selected, risk assessed, trained, supported and supervised • Peers should be formally paid or aware that they are offering support voluntarily. Regular informal support should be escalated to local authority	• Prisons may be meeting some of these guidelines but not all. For example: ◦ Most have application and vetting processes. There is inconsistent use of interviews and job descriptions ◦ There is varied pay and some informal schemes • It is not possible to tell if 'regular informal peer support' is escalated to the local authority. Monitoring and evaluation is minimal even in formal schemes, unlikely to be collected when informal support occurs. Therefore, challenging to identify situations needing escalation
Boundaries	• Peers should not be relied on to provide care that is the responsibility of health and social care providers • It is important there is awareness of limits of peer support and that peers must not provide intimate care (e.g. feeding, hygiene, toilet needs, dressing) for other prisoners or handle medication. However, they are allowed to undertake personal care tasks (e.g. transportation, transportation of food, cutting up food, helping to keep cell tidy) • Further, peers must not have to provide support to those they have a personal relationship with	• There was some awareness of boundaries. But risks identified of boundaries being crossed and reinforcements needed • It was not possible to tell if buddies were relied on to provide care that is the responsibility of external providers (lack of full details regarding referrals, needs, assessments and thresholds for social care). But a minority of recipients had both buddy and external support. Two possible explanations are: ◦ Needs are met by buddies. Formal support not needed ◦ Prisoners need formal support but are not receiving it (unmet need). Supported by concerns raised re gaps in social care provision
Collaborative working	• Peer support schemes should be the responsibility of prison but can be supported by partner organisations	• This PSI may not be met in all prisons, as the findings highlighted different leadership models of peer support schemes. Prison staff leading and governing was the most common leadership model, but those involving local authority tended to have more thorough employment and training processes in place
Monitoring and evaluation	• Regular informal support should be escalated to local authority for referral • Boundaries must be explained in care plans	• Monitoring and evaluation data minimal. Care plans infrequently reported. If data not captured, difficult to monitor and it is unlikely escalation is happening where it needs to

EME
HSDR
HTA
PGfAR
PHR

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