



Extended Research Article

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

Holly Walton,^{1*} Efthalia Massou,² Chris Sherlaw-Johnson,³ Donna Gipson,⁴ Lucy Wainwright,⁴ Paula Harriott,⁴ Pei Li Ng,¹ Stephen Riley,⁴ Stephen Morris² and Naomi J Fulop¹

¹Department of Behavioural Science and Health, Institute of Epidemiology and Health Care, University College London, London, UK

²Department of Public Health and Primary Care, University of Cambridge, Cambridge, UK

³Research and Policy, The Nuffield Trust, London, UK

⁴EP:IC Consultants, Kent, UK

*Corresponding author holly.walton@ucl.ac.uk

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

Published January 2025
DOI: 10.3310/MWFD6890

Plain language summary

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

Health and Social Care Delivery Research 2025; Vol. 13: No. 1
DOI: 10.3310/MWFD6890

NIHR Journals Library www.journalslibrary.nihr.ac.uk

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.

Health and Social Care Delivery Research

ISSN 2755-0079 (Online)

A list of Journals Library editors can be found on the [NIHR Journals Library website](#)

Health and Social Care Delivery Research (HSDR) was launched in 2013 and is indexed by Europe PMC, DOAJ, INAHTA, Ulrichsweb™ (ProQuest LLC, Ann Arbor, MI, USA), NCBI Bookshelf, Scopus and MEDLINE.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

The full HSDR archive is freely available to view online at www.journalslibrary.nihr.ac.uk/hshr.

Criteria for inclusion in the *Health and Social Care Delivery Research* journal

Manuscripts are published in *Health and Social Care Delivery Research* (HSDR) if (1) they have resulted from work for the HSDR programme, and (2) they are of a sufficiently high scientific quality as assessed by the reviewers and editors.

HSDR programme

The HSDR programme funds research to produce evidence to impact on the quality, accessibility and organisation of health and social care services. This includes evaluations of how the NHS and social care might improve delivery of services.

For more information about the HSDR programme please visit the website at <https://www.nihr.ac.uk/explore-nihr/funding-programmes/health-and-social-care-delivery-research.htm>

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.

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as award number NIHR135689. The contractual start date was in September 2022. The draft manuscript began editorial review in October 2023 and was accepted for publication in July 2024. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' manuscript and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this article.

This article presents independent research funded by the National Institute for Health and Care Research (NIHR). The views and opinions expressed by authors in this publication are those of the authors and do not necessarily reflect those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care. If there are verbatim quotations included in this publication the views and opinions expressed by the interviewees are those of the interviewees and do not necessarily reflect those of the authors, those of the NHS, the NIHR, the HSDR programme or the Department of Health and Social Care.

This article was published based on current knowledge at the time and date of publication. NIHR is committed to being inclusive and will continually monitor best practice and guidance in relation to terminology and language to ensure that we remain relevant to our stakeholders.

Copyright © 2025 Walton *et al.* This work was produced by Walton *et al.* under the terms of a commissioning contract issued by the Secretary of State for Health and Social Care. This is an Open Access publication distributed under the terms of the Creative Commons Attribution CC BY 4.0 licence, which permits unrestricted use, distribution, reproduction and adaptation in any medium and for any purpose provided that it is properly attributed. See: <https://creativecommons.org/licenses/by/4.0/>. For attribution the title, original author(s), the publication source – NIHR Journals Library, and the DOI of the publication must be cited.

Published by the NIHR Journals Library (www.journalslibrary.nihr.ac.uk), produced by Newgen Digitalworks Pvt Ltd, Chennai, India (www.newgen.co).

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.