

RESEARCH FINDINGS

Social care in prisons: A needs assessment and service requirements

Approximately a sixth of prisoners reported some need for help with activities of daily living.

There appeared to be considerable variation in the way that national eligibility criteria for the provision of social care and support were being interpreted.

There is a need for greater active case finding of existing prisoners with social care needs.

Many prisoners' social care needs were being met by the prison regime and/or other prisoners.

The number of specialist social care staff (primarily social workers) working in prisons was small, but a high calibre workforce is developing.



BACKGROUND

In light of the growing prison population, the rising number of older prisoners and longer prison sentences, the level of social care needs in prisons is increasing. Nevertheless, a series of reports in recent years have found the quality of social care in prisons to be, at best, variable and at worst, non-existent.

This situation has been in part attributed to considerable confusion about whether or which local authorities were responsible for prisoners' social care needs. One 2004 report found local authority social service departments were extremely reluctant to carry out assessments, let alone offer support (HMiP 2004), while as recently as 2014, local authority social work staff were involved in assessing/ meeting prisoners' needs in just a quarter of establishments (LGA and NOMS 2014).

THE CARE ACT 2014

Since April 2015, local authorities in England have a newly defined responsibility for the social care of prisoners.

In particular, those authorities that have prisons within their boundaries are responsible for identifying and assessing inmates with social care needs, and where these meet the new national eligibility criteria, for providing appropriate support.

The introduction of the Care Act (see box above) was widely welcomed. However, service planning was difficult, for the number of prisoners eligible for support was unclear, and little was known about the extent of their needs or how best to meet them.

This mixed methods study sought to provide information that could assist local authorities' develop services for prisoners with social care needs.

The study explored the nature and extent of prisoners' social care needs, scoped the potential services required to meet these, and identified the early care arrangements that had been put in place to deliver the reforms.



METHODS

There were three strands to the project:

1. Face-to-face interviews were undertaken with 482 male prisoners in a mix of Category B, C and D local, training and resettlement prisons in Lancashire (approximately 12 per cent of the local prison population). Just under a fifth of participants were aged 50 or over. The sample's index offence profile closely mirrored the national picture, and about two-thirds had had a previous prison stay.
2. Frontline staff from nine LAs attended workshops at which they were asked to identify which of a series of prisoners with different needs met the national eligibility criteria for the provision of social care and support.
3. 59% of LAs (including 81% of LAs containing prisons) completed a national survey of the early arrangements they had put in place to identify and deliver care for prisoners with social care needs.

LIMITATIONS

There are a number of reasons to believe that this study will have underestimated the full extent of prisoners' social care needs despite taking a random sample:

- The absence of women's prisons in Lancashire means that the findings cannot be generalised to this population.
- In relying on prisoners putting themselves forward for interview and giving consent, the study will have excluded some prisoners who by virtue of severe physical or mental health problems are particularly likely to have high social care needs, including people with progressive neurological disorders, strokes, profound dementia and learning difficulties. While discussion with research participants suggested that the number of such cases most authorities had seen were low, they often required high cost care.
- It is considered likely that, in general, prisoners will have played down rather than talked up their social care needs for fear of appearing vulnerable/being reported to prison authorities (if, say, acknowledging drug use).

Further research is being undertaken to address some of these issues.

FINDINGS

WHAT IS KNOWN ABOUT THE SOCIAL CARE NEEDS OF PRISONERS IN CUSTODY?

A high proportion of the 482 participants described negative life experiences.

Almost a quarter had been in local authority care, a third attended a special school, and over half were excluded from school. Only a third were in full-time work before prison entry, and seven per cent were homeless or in temporary accommodation.

Approximately a sixth of prisoners reported some need for help with activities of daily living (ADLs), including prompting or supervision (see Table 1) and two-fifths had physical health concerns.

Two-thirds screened positive for substance abuse and half for mental health problems, whilst a quarter reported problems with their memory/orientation.

Approximately a fifth of prisoners were not engaged in any work/education and just over a quarter said that they

did not receive any support from family, friends, staff or other inmates (see Table 2).

WHO IS DEEMED ELIGIBLE FOR CARE AND SUPPORT?

Thirty-five practitioners, managers and commissioners from nine local authorities across England assessed the social care needs of 13 commonly found prisoner subgroups ('typical' inmates) which were identified from the prisoner interviews and depicted in a series of brief case studies. Not all local authorities reviewed every subgroup.

Table 1. Prisoners needing help with activities of daily living (self-reported)

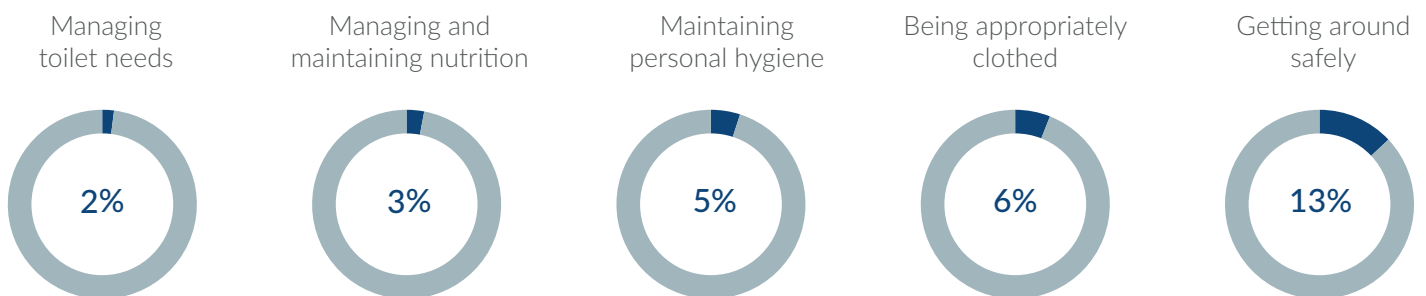
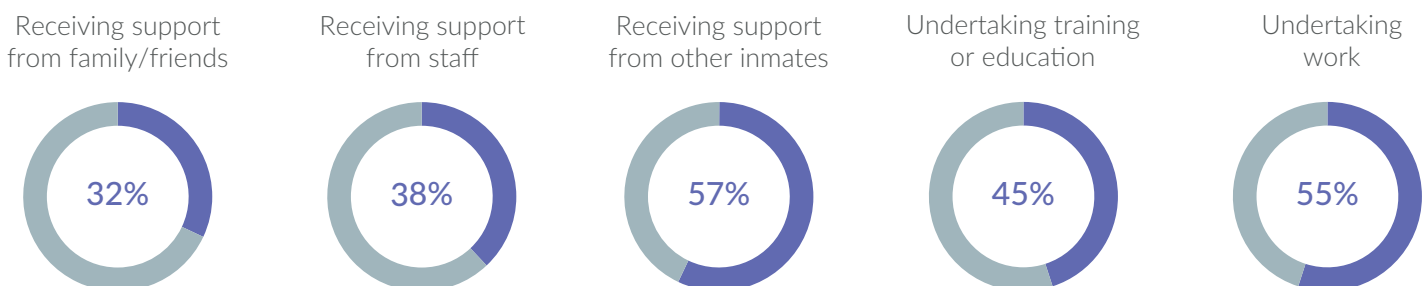


Table 2. Prisoners engaged in meaningful activity/receiving support (self-reported)





FINDINGS

Just two subgroups were consistently adjudged to meet the national eligibility criteria for the provision of care and support, both of which represented prisoners who experienced difficulties maintaining personal hygiene and/or mobilising. In contrast, three subgroups representing (mostly) young offenders with no identified physical or mental health problems and for whom the current stay in custody was their first time in prison, were unanimously deemed ineligible. Mixed views were voiced about the remaining subgroups, which tended to have fluctuating mental health needs and past custodial experience.

While some authorities appeared to interpret the national eligibility criteria very tightly, and focused mainly on prisoners' abilities to maintain their personal hygiene and get around safely, others made reference to prisoners' wider social needs, including the need to engage in work/training and make use of leisure facilities. Similarly, whereas some authorities appeared largely concerned with meeting prisoners' 'here and now' needs, others took a longer-term outlook, expressing a desire to promote prisoners' independence and "change lives".

HOW ARE PRISONERS WHO MAY BE IN NEED OF SOCIAL CARE AND SUPPORT IDENTIFIED?

The majority of local authorities who completed the survey had introduced a process to identify prisoners who had, or may develop, social care and support needs on entry to custody, with many having added questions to existing healthcare screens.

While it may be time-efficient for health and prison care staff to take the lead in the identification of prisoners with social care needs, training may be needed to enable them to do this

effectively. Moreover, although about half of authorities said that they identified existing prisoners with social care needs through routine interactions and meetings and several had self-referral schemes, active case finding appeared rare.

HOW ARE PRISONERS WHO MAY BE IN NEED OF SOCIAL CARE AND SUPPORT ASSESSED?

Prisoner assessments were almost always undertaken by specialist social care staff, most commonly social workers. Occupational therapists also undertook assessments in many authorities, and three respondents said occupational therapists undertook most or all assessments.

The total number of staff undertaking assessments in any individual authority appeared small (with one to four personnel typically). While some authorities had created specialist prison practitioner roles, others had incorporated this work into community teams' wider casework.

The different arrangements were perceived to have different advantages: the former permitted the development of increased knowledge of the prison and legal system and closer working relationships with prison staff, while the latter provided the opportunity for greater numbers of staff to gain experience with this client group and the potential for continuity upon release (assuming prisoners remained within the same authority). Most assessments were undertaken in response to specific referrals, but at least one authority ran regular prison clinics.

HOW ARE PRISONERS' SOCIAL CARE NEEDS MET?

The presence of eligible needs did not necessarily mean a prisoner would be offered commissioned services. Many

prisoners' social care needs were already being met by the prison regime and/or prisoner buddy/orderly schemes and much of the social care practitioners' work involved linking prisoners into existing services and coordinating their wider (health and social) care.

Commissioned care and support packages focused largely on prisoners' personal care and safety, and were mainly provided by prison healthcare staff. The strengths of this arrangement included their 24/7 presence and ability to respond to changes in demand, as well as the potential to integrate health and social care, but there were sometimes capacity issues.

Other models of support included commissioning local domiciliary care providers, social enterprises or third sector providers to deliver social care in prisons. However, these too had disadvantages, including the time required to obtain security vetting and reduced flexibility, particularly at night.

CONCLUSIONS & RECOMMENDATIONS

- A high proportion of the prisoners had social as well as physical and mental health needs. Most came from troubled backgrounds and had misused drugs and/or alcohol, and approximately a sixth reported a need for help with activities of daily living (ADLs), including prompting or supervision. The full extent of prisoners' social care needs is likely to be greater than this study identified.
- There appeared to be considerable variation in the way that national eligibility criteria for the provision of social care and support were being interpreted. Local authorities expressed consistent views about the eligibility of just five out of thirteen case studies representing 'typical' prisoner subgroups.
- Although the majority of authorities had introduced a screening tool to identify prisoners who may be in need of social care and support upon reception to custody, there was a need for greater active case finding of existing prisoners with social care needs.
- The number of specialist social care staff (primarily social workers) working in prisons was small, but a high calibre workforce was developing. The general consensus was that this limited resource was best employed in the assessment of prisoners' needs and the coordination of their care and support.
- Many prisoners' social care needs were being met by the prison regime and/or other prisoners. Where commissioned care and support packages were required, these were typically being provided by the existing prison healthcare provider. The strengths of such arrangements included staff's on-site presence and their ability to respond to changing levels of demand. However, there had been some issues around their capacity to undertake this work. Other authorities had made arrangements for external domiciliary care providers to deliver social care in prisons, but this too had disadvantages. These included the time it took for community based staff to obtain security vetting and reduced flexibility, especially at night.

COMMENT

"This study provides a unique and important insight into the social care needs of prisoners and suggests that the introduction of the Care Act has triggered a big step forward in the provision of social support for this very vulnerable (and previously neglected) population.

"Perhaps not surprisingly given the early stage of this responsibility, no one model of good practice was identified. Rather, the research identified a considerable degree of variation in practice, and further evaluation is needed of the relative advantages and disadvantages of the different options."

Sue Tucker, Co-Investigator

REFERENCES

HM Inspectorate of Prisons (2004) *No Problems – Old and Quiet: Older Prisoners in England and Wales*, HM Inspectorate of Prisons, London.

Local Government Association and National Offender Management Service (2014) *Social Care Needs in Prisons*.

FURTHER INFORMATION

Tucker S, Hargreaves C, Roberts A, Anderson I, Shaw J, Challis D (2018) Social care in prison: emerging practice arrangements consequent upon the introduction of the 2014 Care Act, *The British Journal of Social Work*, 48, 6, 1627–1644.

Tucker S, Hargreaves C, Cattermull M, Roberts A, Walker T, Shaw J, Challis D (2019) The nature and extent of prisoners' social care needs: do older prisoners require a different service response?, *Journal of Social Work*, Published online doi.org/10.1177/1468017319890077

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The study was undertaken by the Personal Social Services Research Unit (now Social Care and Society) and the Offender Health Research Network at the University of Manchester.

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The study represents independent research funded by the National Institute for Health Research (NIHR) School for Social Care Research (NIHR SSCR). The views expressed are those of the authors and not necessarily those of the NIHR SSCR, NIHR or Department of Health and Social Care,