SEEING PRISONERS AS ASSETS

Peer to peer support as a means of identifying and responding to prisoners with social care needs - building future capacity

ADASS
September 2016
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Foreword

HM Prison Service holds those committed by the courts. Our duty is to look after them with humanity – and to help them to lead good and positive lives. Although by its nature imprisonment separates individuals from the rest of society, those in prison deserve the same health and personal care as their fellow citizens. By bringing prisoners under the Care Act 2014 a powerful statement has been made about the need to provide appropriate and proper care for all those in our society. In a landmark speech earlier this year, David Cameron said:

“We need a prison system that doesn’t see prisoners as simply liabilities to be managed, but instead as potential assets to be harnessed”.

That was the underlying assumption of the conference, organised by the Association of Directors of Adult Social Care, on 21 April 2016 that has given rise to this publication. We came together to talk about how prisoners themselves might provide support to fellow prisoners who need social care. We heard from social care staff, prison officers, voluntary organisations and two inspiring individuals with personal experience of life in prison about how ‘peer to peer’ support schemes can bring huge benefits, not only to those receiving support, but also to those giving it. We heard from a small number of areas where innovative peer to peer schemes have already been set up to provide this support. We also heard the amazing story of how the International Committee of the Red Cross, through a peer support project, is transforming the health of prisoners in Ireland.

This publication brings together the themes discussed at the conference. It is intended as a practical resource for those wishing to set up a peer support scheme for social care, with a summary of the legislative background, case studies, practical suggestions from lessons learned and links to further information.

One very important message from our discussions is that a peer scheme to support people in prison is most emphatically not a way of providing care on the cheap. Nor can it substitute for the professional social care that local authorities are now required to provide in prisons on a similar basis to care provided in the community. A peer support scheme needs investment of time and resources in setting up, selecting peers, training, monitoring and ongoing support. If it gets this investment it will reap rewards – perhaps surprising rewards – for those receiving care and for the peers providing it. We believe this is a worthwhile investment. We hope this publication makes a useful contribution to the work of local authorities with prisons within their boundaries.

James Bullion, Chair ADASS Care and Justice Network
Michael Spurr, CEO, National Offender Management Service
September 2016
1. Introduction

Under the Care Act 2014 (Section 76), local authorities have been responsible since April 2015 for assessing and meeting the social care needs of adult prisoners in custody in England as well as on discharge from prison (see Care Act Statutory Guidance Chapter 17 for full details). Underlying this provision is the ‘principle of equivalence’, that people in custody or custodial settings who need care and support should be able to access the care they need, just like anyone else. In the past, confusion about responsibility for social care in prisons has meant that people’s eligible needs have gone unmet. This has impacted on their health and wellbeing as well as on their long-term rehabilitation.

Under the Act, all adults in custody, as well as offenders and defendants in the community, should expect the same level of care and support as the rest of the population. However, there are some provisions in the general social care legislation which are disapplied for adults in prison. The main exceptions are that:

- prisoners cannot receive direct payments and will have much less choice about how their eligible care needs are met
- responsibility for investigating safeguarding incidents in prisons or protecting prisoners’ property lies with the prison, not Adult Social Care departments
- prisoners are not able to express a preference for particular accommodation except when this is being arranged for after their release.

In responding to their new responsibilities, a number of local authorities have established ‘peer to peer’ support schemes in prison, under which prisoners are trained to support other prisoners with social care needs by providing basic care. This publication is intended as a good practice resource for those considering setting up a peer to peer scheme. It presents the context, background material and learning from the conference referred to in the foreword. The publication also draws on a timely findings paper by HM Inspectorate of Prisons on peer support in prisons. Relevant additional sources of information and guidance are listed in the final section. It is hoped the resource will be of use to local authorities, including councillors and staff, to prison governors and staff and to voluntary sector organisations working with and for those in prison. It is clear from the experience to date that the support of all these groups is essential in developing a successful, sustainable peer to peer schemes.
2. What we know about the prison population with social care needs

There are currently just under 85,000 people in prisons in England. The prison population is changing, with older people being the fastest growing group, partly reflecting changes in society and partly due to longer sentences. The over-50-year-old population is projected to grow from 11,980 as at 30 June 2015, to 15,100 by the end of June 2020. The over-60-year-old population is projected to grow from 4,109 to 5,500 over the same time period. To put this into context, there were around 500 prisoners aged over 60 in 1993.

There is little information about the care needs of those in prison. The prison population has high levels of mental illness and learning disability. More than two-thirds of all men, women and young people in prison have two or more mental health problems, such as depression and anxiety (WI, 2010). In addition, this population has particular health problems linked to offending behaviours, including drug and alcohol abuse. While the increasing population of older prisoners is certain to generate increasing numbers with social care needs, it is important also to respond to the needs of those younger prisoners who may be living with mental health problems, a learning disability, autistic spectrum condition or physical or sensory disability, conditions that are often less immediately apparent and therefore not always responded to appropriately.

In December 2014, Clinks (which supports voluntary organisations working with offenders and their families) and the Women’s Health Equality Consortium surveyed voluntary organisations working with women in contact with the Criminal Justice System. This survey highlighted a number of areas of relevance to social care provision where support needs to be improved, such as mental health services, services for women with post-traumatic stress disorder and sharing information and making referrals between services.

NOMS has issued three Prison Service Instructions (PSI) to prison staff in relation to implementing the Care Act (see references). Under PSI 15/2015, each prison must nominate a local lead for Adult Social Care who will have responsibility for liaising with local authorities, their providers and provider staff. Prisons must agree and complete a Memorandum of Understanding (MOU) with relevant local authorities and providers of care and support services that documents local arrangements in place for care and support services. Prisoners must be given information provided by the relevant local authority about needs assessments, care and support and how to access them. Prisons must also identify prisoners with care and support needs and must inform the local authority when they consider that a prisoner has such needs.
3. Prisoner to prisoner peer support schemes

Peer support refers to a wide range of activities where prisoners assist other prisoners, for example with emotional support, mentoring, facilitating learning, providing practical assistance and representation. HMIP describes peer support as ‘a formal system where prisoners provide support to other prisoners’ (HMIP 2016). Many prisons have had such schemes in place long before the Care Act, although not necessarily explicitly focused on social care needs. The ‘Listener’ peer support scheme run by the Samaritans is the oldest-established and probably the best known. Some aspects of existing peer support schemes have elements that could be considered aspects of social care, particularly as part of a preventative approach, such as some of the work of the Samaritans’ Listener scheme or the ‘First Nighter’ schemes where prisoners provide support to those newly arrived in the prison on their first night.

The Samaritans’ Listener Scheme

The Samaritans’ Listener Scheme is a peer support service which aims to reduce suicide and self-harm in prisons. Samaritans volunteers select, train and support prisoners to become Listeners. Listeners provide confidential emotional support to their fellow inmates who are struggling to cope. There are over 1,500 Listeners in prisons across the UK and Ireland. Prisons aim to have enough Listeners available round the clock, for anyone who needs them. Support is given in private to allow complete confidentiality. Listeners are not paid and do not receive any form of benefit for their role. They receive regular support and meet often with Samaritans volunteers. Listeners can also phone Samaritans at any time to access support. For more on the recruitment process for Listeners, see the section on recruitment of peers below.

Further information: http://www.samaritans.org/your-community/our-work-prisons/listener-scheme

Table 1 shows HMIP’s (2016) non-exhaustive list of types of peer mentoring scheme – the names give some indication of the type of scheme. It can be seen that schemes can be divided into those that provide for representatives of different groups of prisoners and those that provide a more direct service to prisoners. Each of these two categories is relevant to a social care scheme.

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<th>First nighters (support for first night in prison)</th>
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<td>Community help and advice team workers</td>
<td>Real voice</td>
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<td>Buddies</td>
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**Examples of peer support schemes** (Source: HMIP 2016)

**The role of the voluntary and community sector**

Many voluntary and community sector organisations work with offenders and their families, directly or indirectly addressing their health and care needs. A wide range of voluntary organisations work as a provider of direct services, as well as supporting people to access statutory services, joining up fragmented provision and acting as a route to engaging with the views and experiences of services users.

As with the community beyond the prison gates, specialist voluntary and community sector organisations can provide expertise on working with, and access to, people from particular communities or with other protected characteristics. Many voluntary organisations have a long history of working with offenders both while they are in prison and when they leave. Some people who have worked as peer mentors in prison go on to employment with voluntary and community organisations themselves.

Most, if not all, of the peer support schemes referred to in this publication have a strong involvement of the voluntary sector. Those in the statutory sector with experience of such schemes emphasise the importance of involving voluntary sector organisations, not only because of their expertise and experience but also because they are sometimes seen as being more independent and/or impartial – ‘not part of the establishment’ – by prisoners, not least because some voluntary sector employees have been prisoners themselves.

A number of voluntary sector organisations participate at national level, working alongside NHS England, Public Health England and NOMS as part of the Health and Care Strategic Partners Programme.

**Community Based Health and First Aid in Irish Prisons**

The award-winning Irish Red Cross prison programme is an approach to raising community health, hygiene awareness and first aid in prisons, using prison inmates as peer to peer educators. Originally designed by the International Federation of the Red Cross, the programme has been implemented in all 14 prisons throughout Ireland.
Groups of 12-24 special status Irish Red Cross volunteer inmates are recruited in each prison and attend weekly sessions over 4-6 months. Training is delivered by teachers and nurses employed within the prison and by the Irish Red Cross.

Volunteers undertake assessment of the prison community through direct observation and community mapping to identify and prioritise health, first aid and safety issues. The programme is conceived as an action learning approach with learning being passed through the volunteers down the prison landings which are seen as communities.

Community awareness raising is centred on hygiene through hand washing, colour coded buckets and mops and cleaning of frequently used communal equipment. Health promotion and disease prevention are also carried out, for example in relation to nutrition, immunisation, HIV and sexually transmitted infections, and reducing stigma and discrimination. Initiatives include caring for elderly prisoners; conflict resolution workshops; establishing ‘safe zones’ eg in education areas where prisoners agree not to bully, intimidate or assault anyone; and a weapons amnesty which in one prison resulted in 95% fewer slashings and 50% fewer assaults. Prisoners attending peer to peer smoking cessation workshops have a significantly higher chance of giving up smoking.

Over 750 Irish Red Cross volunteer have been recruited since 2009. The initiative benefits over 4,000 prisoners directly and 12,000 indirectly, including staff and the families of prisoners. Evaluation of the programme has demonstrated high impact in terms of improvement within the prison environment, and projects have led to a significant increase in healthcare awareness and prisoners’ personal wellbeing. It is too soon to reach definitive conclusions on recidivism, but to date 75% of those recruited as volunteers in prison have not returned there.

A pilot programme started in 2016 under which a cohort of trained Irish Red Cross ex-prisoner special status volunteers will fulfil part of their Community Return commitments by delivering elements of the programme with other ex-offenders and at-risk individuals in the community. The ultimate goal includes some of these volunteers moving into paid positions as ‘facilitator trainers/programme developers’.

Further information: https://www.redcross.ie/CBHFA

Peer support for people with care and support needs

A small number of peer support schemes have been developed to assist older and disabled prisoners. Paid prisoner supporters can help prisoners with daily tasks such as:

- managing and maintaining nutrition, personal hygiene and toilet needs (with the exceptions noted below)
- dressing and undressing that does not involve intimate areas
• maintaining personal appearance
• moving and handling, including manual lifting where appropriate
• helping to keep a cell tidy and accessible
• accessing work, training, education, volunteering or recreation
• helping prisoners to read and understand written information
• helping develop and maintain personal relationships
• providing reminders or mental stimuli
• making use of necessary facilities or services in the prison
• assisting with mobility.

Peer supporters can also support movement or transportation, such as pushing wheelchairs to ensure that prisoners have equitable access to education, offending behaviour programmes or other events. Many schemes provide a highly visible t-shirt or other form of identification for peer supporters to wear. This fulfils the triple functions of assisting with safeguarding, enabling those who may need support to identify someone to speak to and giving the peer supporters a professional pride and identity.

Prison Service Instruction PSI 17/2015 sets out principles that apply to all formal arrangements for prisoners to provide assistance, including meeting certain needs for care and support, to other prisoners. The PSI requires that all prisons have the ability to mobilise assistance from other prisoners should it be needed for a prisoner who has a care and support plan or is awaiting a care and support needs assessment. It emphasises the need for appropriate selection, risk assessment, training, support and supervision of prisoners providing care to prisoners with disabilities or additional needs.

The PSI outlines those aspects of intimate personal care that should not be provided by prisoners, including:
• assisting with eating and drinking (although cutting up and transporting food is permitted)
• washing or dressing intimate areas
• toileting
• organising medication.

Those organising a peer scheme for prisoners with a social care need will need also to consider risks and safeguarding issues (see the section below on this subject).

HMIP in its Findings report on peer support (HMIP 2016) concluded that “With appropriate safeguards, prisoners could play an essential role as carers for the increasing number of elderly and other prisoners who are unable to adequately look after themselves.”

The Inspectorate identified the following factors as components of successful peer support schemes:
• appropriate screening and selection process for peer supporter
• accredited training
• an appropriately defined role and use of a job description
• information provided to prisoners about available peer support at reception, induction and on residential units, including the use of presentations and other advertising materials
• risk assessments taking into account both peer supporters and the prisoners they support
• appropriate freedom of movement for peer supporters to be available to prisoners
• supervision by staff and/or a supporting organisation
• opportunities for peer supporters to feed back to prison staff.

The value of peer support schemes

“What did I get? Hope, a new identity as an asset not a deficit, self-worth, self-confidence, value, an opportunity to support others, an opportunity to learn new skills”

Paula Harriot, Head of Involvement, Revolving Doors Agency

“Being a Healthcare Rep gave you a purpose, something to look forward to doing, achieving something. But most of all seeing the difference it made to people’s lives.”

A former prisoner Healthcare Representative

Although there has not yet been extensive evaluation of recent peer support schemes, wider evidence suggests that there are many potential benefits to receiving peer support including:
• helping to make life in prison as normal as possible
• help with understanding and adjusting to prison life
• reducing isolation
• positive role-modelling
• promoting healthy lifestyles
• a decrease in levels of drug use (HMIP 2016).

There is also evidence that becoming a peer supporter can have a positive effect on prisoners and offenders, for example by:
• providing a paid employment opportunity for prisoners
• enhancing confidence, self-esteem and an identity beyond that of an ‘offender’
• seeing oneself as an equal in the context of peer work with prison staff and professional social care providers
• improving communication/organisational skills and behaviour
• generating a positive self-image, increasing levels of independence
• gaining trust
greater concern for the community and more responsibility for the environment
preparing for re-joining the community and for employment, giving skills and confidence for life ‘through the gate’.

A number of prisons already have peer support schemes in place with a social care emphasis. Some of these pre-date the Care Act 2014 and a small number have been instituted since the Act.

Devon County Council, Devon Prisons and Re-coop – the Devon Buddy

“I've done many jobs in the prison but being a Buddy is definitely the most rewarding. I can see that I’m making a real difference to a fellow prisoner… It’s a win win situation. He gets the support he needs, I get to show that I’m not all bad, there is still a good side to me.”

The Devon Buddy scheme was set up to help meet care and support needs that fall below the national eligibility criteria for adult social care. The context is a significantly increased ratio of prisoners to staff – there are now 30 prisoners to one member of staff. A partnership is needed to make care and support work.

In line with the Council’s key strategy of shifting the focus of social care from crisis to wellbeing, the Devon Buddy scheme takes a rehabilitative and enabling approach. The partners seek to identify, following the assessment of a prisoner with care needs, what are the assets within the prison which would enable the person to live as independently as possible within the prison community. On the ‘outside’, support could be expected from friends on family. On the ‘inside’, the buddy scheme provides a version of that kind of support.

The scheme is based on the development and delivery of competency based training in a partnership of the three organisations running the scheme. The scheme builds on existing ‘buddy’ models established before the Care Act 2014.

Where appropriate, buddies offer assistance with:

- support to engage and reduce social isolation
- domestic cleaning, living space and collection of meals
- basic tasks around reading and writing and accessing materials
- mobility to visits, medical appointments etc.
- signposting and seeking support from other services in the prison
- ensuring wellbeing, safety and dignity

Buddies monitor and record completed support plan tasks and any changes or concerns observed. They are expected to adhere to health and safety regulations and the rules requiring ‘no intimate personal care’. Buddies ‘encourage at every opportunity the enablement and independence of the individual’.
The Buddy training is based on the national Care Certificate with some outcomes altered and new modules designed. The diagram below gives an idea of the scheme’s components.

The Devon Buddy peer support scheme

The training is reviewed on an annual basis to ensure that it reflects current practice and is currently being reviewed (April 2016), evaluated and further developed with the existing Buddies and the individuals they support.

Further information: Rachel Glover Dare, Rachel.glover-dare@devon.gov.uk

What are the benefits for local authorities?

Peer support is often promoted as a source of support that may be preferred by prisoners over formal or professional support from experts. Shared experiences and perspectives may mean that peers can offer judgement-free support and understanding that is perceived as different from the support of professionals. Peers are easier to access than professionals and can often be available when most needed. (HMIP 2016). They may be more trusted by fellow prisoners.

In relation to social care, prisons, like local authorities are grappling with very large reductions in budgets and therefore in staff. Against this background, if councils wish to move in prisons, as they have been doing in the wider community, to a focus on their Care Act duty to prevent, reduce and delay people’s need for higher level care, a peer support scheme is an obvious potential source of assistance with many of the activities of daily living that can make a difference to people’s independence.
Many prisoners may need ‘low level’ support but not reach the threshold for receiving care from the local authority. Peer support schemes may help to bridge this gap. They may also help to address the need to provide advice and guidance as part of the local authority’s responsibilities. For example, it may be appropriate for peer mentors to introduce and explain the process of assessment and the concept of eligibility.

Local authorities and prisons that have already set up schemes note that peer supporters are very good at acting as the ‘eyes and ears’ of the care system identifying who may need help and of what kind. The schemes can bring “a real sense of community” (Devon County Council) between peer supporters, the prisoners they support, prison officers and partner councils and voluntary organisations. This in itself contributes to promoting a safeguarding culture and to the wellbeing of service users and other prisoners.

There is emerging evidence that being a peer supporter may help people in prison adjust to life ‘through the gate’ on their release and may increase their skills for employment. This too is a ‘win win’ for local authorities in relation to their safeguarding, crime reduction and economic wellbeing duties.

### Staffordshire – an accredited qualification for women peer supporters

Following a joint decision by Drake Hall women’s prison and Staffordshire County Council, Safe and Settled, a non-profit service improvement consultancy, was commissioned by the County Council to support eleven prisoners to become Community Support Workers within the prison. This pilot project, as well, as supporting the Council’s social care remit, also complemented the prison’s emphasis on creating an enabling environment to promote the wellbeing of all prisoners.

A 6-day learning and development programme enabled participants to explore their roles, responsibilities and limits within the context of the Duty of Care and taking account of Prison Service Instruction 17/2015. The Level 1 QCF Award in Preparing to Work in Adult Social Care was accredited by the Open College Network through the auspices of Staffordshire Adult and Community Learning Service.

The learning programme and portfolio support enabled the prisoners to provide robust evidence of learning which ultimately enabled all eleven to obtain the qualification. In addition, all the participants became recognised ‘Dignity Champions’.

Following the course, the support provided by the prisoners to others is co-ordinated by the prison’s equalities officer in consultation with the induction officers and the local authority social worker. It was decided also to appoint a Team Leader from among the prisoners to assist in allocation of tasks through liaison with the equalities officer and social care co-ordinator. This role was given to a prisoner who had previous experience as a care worker.
The type of support tasks undertaken include assisting those who need it with cell cleaning, carrying food, pushing wheelchairs, acting informally as a 'listener', assisting others to attend medical appointments. One Community Support Worker is working with another prisoner whose first language is not English, translating for her and encouraging her to improve her nutritional balance when eating. A more general benefit of the training is that the Community Support Workers act as the ‘eyes and ears’ of the prison, helping identify when other prisoners may need social care support.

For the Community Support Workers, as with other peer supporters, there have been numerous benefits, relating both to improved self-esteem and to the linked issue of employability. There have been positive changes to prisoners’ personal ambitions for their future; some have reported new reflections on their past history and offences and better relationships with others. The course has also helped prisoners in the transition to the outside world – for example, one prisoner achieved a voluntary role as a support worker to a child with disabilities.

Further information: Jan Burns MBE, email: jan.burns@safeandsettled.co.uk
4. Setting up a peer support scheme for social care

‘The prisoner is never only a criminal and nothing else’
Archbishop William Temple, The Ethics of Punishment, 1930

‘A peer scheme for personal support is about encouraging appropriate peer involvement alongside the work of local authorities. It’s about a whole prison approach to care and support.’

Michael Spurr
CEO, National Offender Management Service

What should local authorities, prisons, care providers and voluntary organisations be doing now to engage with peer support schemes and maximise their potential for vulnerable prisoners and for peer supporters? The sections below draw on the experience and advice of local authorities and prison staff currently running peer to peer care and support or similar schemes.

Preparation

The following components have been identified as important aspects of preparing for a peer support scheme.

- Establishing a relationship of trust with prison staff, prison healthcare providers and voluntary organisations working in or proposing to work in the prison
- Finding champions, eg among governors or prison officers to enable a model to be tried out and results to be demonstrated
- Being clear about what support is and is not to be included in the scheme
- Developing and agreeing with prison staff an appropriate selection process for peers – each of the existing schemes has an agreed process which can include carrying out screening checks on prospective peer supporters (including considering previous convictions, current offence and behaviour record and interviews with prospective peers to assess their suitability for the role)
- Agreeing an induction training programme for peers and, importantly, a programme of ongoing support and monitoring of the scheme
- Ensuring clarity about the respective roles of external training and support providers, the local authority and prison staff.

HMIP inspects prisons against criteria it calls ‘Expectations’. These describe the standards of treatment and conditions the inspectorate expects an establishment to achieve. Each expectation is underpinned by ‘indicators’ as to whether the expectation has been achieved. Peer support is assessed under the healthy prison areas of ‘safety’ and ‘respect’. HMIP also reports on peer support schemes that are relevant to ‘purposeful activity’ and ‘resettlement’ (see HMIP 2016 for details). The indicators for these expectations give a general idea of the potential role of peer
support in meeting expectations and should, therefore, be helpful at the design stage of a peer support scheme.

**Issues to consider**

- What budget and resources will be available to set up and run a peer support scheme?
- What relationship(s) does your local authority already have with the prison and can this help you to identify champions for a peer support scheme?
- Do you know what other peer support schemes there are in the prison? Are there opportunities to extend any of these to cover social care rather than setting up a separate new scheme?
- Do you know what social care roles you would want peer supporters to fill?
- How are you proposing to recruit, train for and run the scheme? For example, will you be working in partnership with a voluntary organisation (and are there any such organisations already working in the prison)?
- How will prisoner clients be referred to the peer support scheme?
- How will peer supporters be identified within the prison (eg by a coloured tee-shirt)?

**Safeguarding and risk management**

Governors of prisons have specific responsibilities for safeguarding in prisons ([PSI 16/2015](#) gives details). This instruction encourages Governors to engage with Safeguarding Adults Boards (although they are not required by statute to do so) in safeguarding prisoners who are unable to protect themselves from abuse or neglect as a result of having care and support needs. Each prison must have an adult safeguarding lead with whom social care representatives of local authorities need to have an ongoing relationship to ensure that both the prison and the local authority are fulfilling their respective duties of care.

As in the community at large, safeguarding has to be an ongoing process of influencing the culture of prison life and the way people treat each other, and not just a written procedure. Protecting and mitigating risk to prisoners who receive and give personal support will therefore be part of a whole prison strategic approach to safeguarding. There are safeguarding risks inherent in any situation where care and support is being given to a vulnerable person and standard procedures for assessing and minimising them will need to be built into a peer to peer support scheme.

However, there are specific potential risks in enabling prisoners to give personal care to their peers. HMIP (2016) identifies the following.

- Peer supporters working informally with little staff oversight could be over-burdened.
- Peer supporters may have access to confidential or sensitive information and could take advantage of the role to bully, exploit or abuse potentially vulnerable prisoners.
Peer supporters may be vulnerable themselves as a result of the privileges, access and information they have in their roles.

In some prisons inspected by HMIP, peer supporters have not had a clear role with appropriate boundaries, nor have they had adequate supervision.

Some inspections have revealed that peer supporters were inappropriately conducting risk assessments (about cell-sharing, mental health and resettlement, for example).

Prison Service Instruction 17/2015 provides a context for mitigating risk, in part by outlining the kind of support that is and is not permitted to be given by peer supporters. In addition, it emphasises the need for appropriate selection, risk assessment, training, support and supervision of prisoners providing care to prisoners with disabilities or additional needs. PSI 15/2015 suggests that local authorities may wish to offer opportunities for prisoners with care and support needs to contribute to their work, for example by running prisoner consultation groups. The way in which peer support schemes are designed will need to address both general safeguarding issues and the specific risks identified above.

**Issues to consider**

🔍 How can you work with the prison’s adult safeguarding lead to develop a policy on safeguarding and risk reduction for a peer support scheme?

🔍 How will you ensure that this policy aligns with the overall approach to safeguarding in the prison community?

🔍 How will you build safeguarding into the recruitment, training, supervision and evaluation stages of the scheme?

🔍 How will links with the Safeguarding Adults Board in relation to the peer support scheme be managed?

**Recruiting and selecting peers**

One way of minimising risk is obviously to select the right people for the job of a peer supporter. At the moment, the small number of local authorities that have set up a peer supporter scheme use a range of similar selection methods. Most include several stages in the selection process, including providing a job description and involving prison staff, for example in looking at whether individuals’ previous offences and their behaviour and engagement with others in the prison might preclude their working with vulnerable adults. Some schemes do not make a final selection of peers until they have undergone the initial training offered.

Because there is constant ‘churn’ in the prison population, with prisoners moving around the system, authorities running peer supporter schemes emphasise that they need to run an almost constant sift of potential peer supporters. Devon County Council has found a partial solution in its cluster scheme for prisons in the county. This means that if peer supporters are moved on to a different prison within the county, they can continue to act in their support role. This does not, however, solve the problem of prisoners being moved outside the county.
The Samaritans’ Listeners scheme which is the longest-established peer supporter scheme advertises initially throughout the prison, inviting all prisoners to apply in writing irrespective of their index offence or status, for example, whether on remand or sentenced. Selection is a joint process between the local Samaritan branch responsible for the scheme and the prison, which carry out a joint initial sift of applications, with current Listeners being given an opportunity to add their feedback during training. Some applicants drop out realising that the emotional commitment would be too great for them or because they have particularly strong beliefs which run counter to the Samaritan philosophy.

All applicants are initially screened by the prison for security purposes. Those that pass through the screening process have go through a selection process with group work, discussion exercises, an interview and an awareness-raising exercise.

**Issues to consider**

- How will your selection process balance safeguarding considerations with giving potential peer supporters opportunities to make good?
- How will you bring diversity considerations to bear in the selection process?
- Can you ‘piggy-back’ on any existing selection process in the prison for peer supporters in other roles?
- How will you deal with the likely need for frequent renewal of the pool of peer supporters due to churn in the system?

**Training and support for peers**

*‘Without proper training you are setting the system up to fail’*

Paula Harriott, Revolving Doors Agency

All managers of existing schemes and HMIP (2016) emphasise the vital importance of training, supervising and supporting prisoners who are acting as peers.

Some local authorities have already developed a sophisticated set of training modules for their peer supporters which can be refreshed and modified to meet the needs of individual recruits and the changing prison population. (See the case study on Devon County Council’s peer scheme above. It is currently redesigning its modules using cartoon-like drawings as illustrations, drawn by one of the prisoners. It is introducing a new module on autism and Aspergers Syndrome and is also preparing an Easy Read version for those receiving care.)

Some training is based on existing carer training standards adapted to suit the prison environment. Most local authorities commission a voluntary sector organisation to carry out initial training which includes learning sessions and practical sessions. This usually includes input from adult social care staff and others from outside the prison, such as occupational therapists and representatives of different voluntary
organisations, such as the Parkinson’s Society. Interaction with a range of external individuals and organisations appears to be highly valued by peer supporters as it helps to normalise prison life. Some training schemes include elementary advocacy training, for example to assist peers who may be accompanying a service user to a medical appointment.

All peer support schemes have an award or certificate for those who successfully complete training. Some have arranged accreditation to enable peer supporters to leave the prison with a recognised qualification.

Training can also provide development opportunities for prison staff – for example, Devon County Council trains staff as Buddy Liaison Officers to provide ongoing support for peers.

Peer support schemes provide ongoing support for peer supporters in a variety of ways. These include:

- providing simplified versions of care plans detailing the support to be given by peer supporters and monitoring these on a regular basis
- observing peers in the work situation and giving feedback
- providing drop-in sessions for peers to discuss cases
- providing regular refresher training and updating existing modules
- providing opportunities for peer supporters to talk to each other about how they are dealing with aspects of support (using anonymised examples).

**Issues to consider**

ienie How will you organise and monitor the design and delivery of training?
ienie What systematic supervision and support will be provided to peer supporters?
ienie What will be the respective roles of adult social care staff, prison staff and the voluntary sector in supervision and support?

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**Surrey County Council and HMP Coldingley – Peer Advocacy Care and Equality**

HMP Coldingley is a Category C male training prison with 521 prisoners. Everyone who is held there is expected to participate in a full working regime.

Prior to the Care Act 2014 coming into force, Coldingley and Surrey County Council had several meetings in the planning stage including exploring peer support in prisons. HMP Coldingley had identified trusted prisoners to engage in social care peer support. There was a generic job description and defined boundaries (eg that peer supporters were not acting as friends but were in a support role and that no intimate personal care was to be provided). They acted as Social Care Champions in identifying prisoners with undiagnosed social care needs and offered support in making referrals for social care assessment. Following the introduction of the Care
Act, the peer mentors acting as PACE (Peer Advocacy Care and Equality) were clearly linked to the social care agenda.

Induction of peer supporters includes familiarisation with the Care Act and with information provided in a usable format by Surrey County Council. Peer supporters have visited every prisoner to raise their profile and awareness of social care. They received training in using a referral screen for people with obvious needs. As a result very early and appropriate referrals, supported by the peers were generated.

The current role of PACE includes:
- meeting all new receptions into the prison and introducing themselves
- supporting prisoners to make self referrals (the majority of referrals are self referrals)
- providing low level, non intimate support (assisting to maintain cell/home environment, collection of meals and support for care packages)
- supporting prisoners with assessments
- meeting with the social care lead twice a week for updates, communication and supervision

One example of PACE support is of a prisoner with learning difficulties and recent health issues who was not engaging in prison life. He was vulnerable and was not seeing to his own self care and his cell environment was deteriorating due to self neglect. The social care and health services worked together to address his care needs. A PACE worker supported a self referral for assessment and supported the prisoner through the assessment process, with his agreement. His needs were identified related to his environment and personal care support. A deep clean of his cell was advocated and this was supported by the prison. An action plan is now in place involving low level support and regular checks to ensure that his situation does not deteriorate. This is seen as an important contribution to the health and care system’s prevention agenda.

Health and social care services in the prison are co-located and the prison has been very supportive of the PACE initiative. The PACE team has its own office and its members are respected in the prison. There is a shared sense of ownership with PACE and the prisoners, who have said that they feel supported. If a gap comes up in PACE personal, the prison and social care work together to fill it. Peer workers are paid at one of the highest pay levels available for prisoners because their work is considered highly responsible. All peer supporters are given an award in mentoring and the County Council is planning to develop a QCF Level 1 accredited qualification with a local college. The model is now being rolled out to other prisons in Surrey.

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5. Issues for national consideration

A number of issues that may need further consideration have arisen in discussions with those currently running schemes (both local authority social care staff and prison staff).

An obvious area for further development is national co-ordination to enable prisoners to have a ‘portable’ certificate which might also be externally recognised ‘through the gate’. This would need to be sufficiently flexible to be adapted to the needs of different prisons, categories of prison, men and women, younger and older prisoners. One suggestion is of an agreed national set of standards which could have a variety of modules sitting under them, adaptable to different contexts.

The considerable churn in the prison population means that peer supporters and those receiving care are frequently moved to a different prison. At the moment, there is no national record or system of informing receiving prisons about which prisoners have training and experience in peer support work. Could NOMS keep a register of experienced peer supporters so that when people move from one prison to another their experience and training is known to their new establishment?

Some of those running peer support schemes have suggested that there is a danger that prisoners may be overwhelmed by a proliferation of care and support offers through different schemes. Some further consideration may be needed about how this can be managed and how local authorities can play a role in co-ordinating and building on existing schemes.

The issue of integration of health services, public health and social care is one of the highest priorities for these sectors outside the prison setting. The principle of equivalence suggests that integration should also be a priority within prisons. This could have implications for the training and job descriptions of peer supporters, for example in bringing together a health promotion scheme like that of the Irish Red Cross with a social care peer support scheme of the kind discussed in this publication.

Formal peer support schemes for people in prison needing social care are very new. Experience to date suggests that they may be a valuable adjunct to the statutory care provided by local authorities, not least because of a very positive impact on those acting as peer supporters. So far, there has been no national evaluation of the impact of such schemes. If they are to become widespread, there is a pressing need to capture further evidence of what makes a successful scheme.

It is clear from the above that there is an important role for local authorities working with prison managers and the voluntary sector to develop new models of care in prisons. The challenge is to ensure that prisoners who need care are accorded their human, civil and statutory rights to such care and also that peer support schemes
enhance the life chances and self-respect of both those who give and those who receive care.
References and further information

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