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Supporting People with Social Care Needs On Release from Prison: A Scoping Review

RESEARCH

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ABSTRACT

Context: Social care need in prisons is increasing in many countries. However, the delivery of social care in prisons has been (at best) inconsistent and there has been no previous review to inform provision for people on release.

Objective: To identify and synthesise what is known about the social care needs of people on release from prison and how best to meet these.

Method: A scoping review encompassing systematic searches of 26 electronic databases (January 2010–July 2021) included a wide range of literature. No exclusions were made on the basis of study design, method or quality. Findings were organised according to their contribution to the research questions.

Findings: Forty-six documents met the review criteria of which 27 were from the UK. Just two focused specifically on the topic of interest and most of the extracted material was descriptive in nature. Almost no information was found on the number of people released from prison in need of social care. However, the challenges of providing care for this group appeared well understood. Although there were many examples of good practice and widespread consensus about its enablers, outcome information was lacking.

Limitations: In keeping with the nature of the review, the quality of the literature was not formally assessed.

Implications: The review identified several promising initiatives ranging from prison buddy schemes to pre-release training in everyday living skills and personalised pathway documents.

Conclusions: Policy makers and researchers must now shift their attention to the effectiveness of particular interventions in improving social care outcomes.

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1. BACKGROUND

Worldwide an estimated 11.7 million people are held in penal institutions and numbers are increasing in four of the five continents (Charles, 2015; United Nations Office on Drugs and Crime, 2021; Walmsley, 2018). Whilst most prisoners will be released at some point, transition to the community is associated with a high risk of adverse outcomes including mortality, substance misuse, homelessness and unemployment (Binswanger et al., 2012; Williamson 2006; Zlodre & Fazel, 2012). The situation in England is no exception. Of nearly 70,000 prisoners released in 2019, approximately half lacked settled accommodation and just a tenth were in paid employment (Ministry of Justice, 2020a; Ministry of Justice 2020b). The self-inflicted death rate amongst people on post-release supervision was fifteen times higher than in the general population (Phillips & Roberts, 2019) and only a third of individuals who needed substance misuse treatment engaged with community services (Public Health England, 2018).

Although recent years have witnessed an extensive body of international research on the health, housing and employment services needed by people released from prison and how best to engage them (e.g. Kouyoumdjian et al., 2015; Lantz & Loven, 2018; Ricciardelli & Peters, 2018), there is no equivalent evidence base for the provision of social care i.e., the personal and practical support that people require to remain independent, retain their dignity and promote their wellbeing (Department of Health, 2014). This may in part be attributed to the somewhat fuzzy line between health and social care (Lee et al., 2019), whilst social care services sit in different places in different country's welfare systems (Robertson et al., 2014). Nevertheless, it is widely acknowledged that, in light of the growing prison population and the rising number of older prisoners the level of social care needs in prison is increasing in most high-income countries (Lee et al., 2019; Prais & Sheahan, 2019), whilst unmet needs can affect individuals' rehabilitation and risk of reoffence (Ministry of Justice & Public Health England, 2017; Prison Reform Trust et al., 2013; Reid-Howie Associates Ltd, 2017). Older adults are not the only subgroup who may need social care on release, however; younger prisoners with mental health problems, physical or learning disabilities, autistic spectrum disorders or long-term health conditions may also require support (Local Government Association & National Offender Management Service; Skills for Care, National Skills Academy for Social Care & College of Occupational Therapists, 2015).

Whilst international policy has long stated that the care of people in prison should equate to that in the community and ensure continuity of care upon release (Prais & Sheahan, 2019; United Nations, 1948; United Nations, 1990), the provision of social care in prison has been described as, at best, inconsistent and, at worst, non-existent, exacerbated by unclear lines of responsibility (Lee et al., 2019; Pettus-Davis, 2012). Until recently in England, for example, it was not even clear who was responsible for assessing and meeting prisoners' social care needs. Despite a lack of training and its obvious inappropriateness, most personal care was provided by other prisoners and there were multiple problems with the release-planning process, including gaps in communication with prison staff, insufficient notice of release, difficulties transferring assessments between authorities and problems establishing ordinary residence (Anderson & Cairns, 2011; Cornish et al., 2016; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; House of Commons Justice Committee, 2013; Local Government Association & National Offender Management Service, 2014; Parker et al., 2007). As such it seems inevitable many people will have been released without formal support, leaving them reliant on assistance from family, friends and third sector organisations, which may or may not be available.

Against this background, the 2014 Care Act clarified local authorities' (units of local government) responsibilities for people with social care needs post-release from prison (Box 1). However, the method of service delivery was not stipulated and the number of people who require such support is still unclear, with very little attention having been given to this group (Robinson et al., 2022; Tucker et al., 2018; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). Routinely collected data shows that subsequent to the Care Act, 600–800 prisoners per year received a commissioned social care package in custody (Tucker et al., 2018; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). However, research indicates as many as a tenth of men in prison have difficulties maintaining their personal hygiene, dressing and/or getting around safely (Tucker et al., 2019) whilst the proportion of individuals experiencing difficulties on release is likely to be still greater. Many people do not identify their needs in custody for fear of appearing vulnerable and others who just about manage within the structured prison regime will not cope in the community (Anderson & Cairns, 2011; Tucker et al., 2018; Tucker et al., 2019; Cornish et al., 2016; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). As such local authorities and their prison and probation colleagues in England are charged with providing support for an unknown population with no coordinated strategy for addressing them, and there has been no systematic review of the literature in this field to support service development.

This paper aims to fill that gap and reports the findings from a scoping review of the international academic, policy and practice literature with a view to bringing together what *is* known about the social care needs of people released from prison, including the systems, processes and services required to identify them pre-

Under the terms of the Care Act (2014) and accompanying statutory guidance, from April 2015 local authorities in England have had a legal obligation to assess the need for and provide social care to people in prison whose needs make them eligible to receive it.

The determination of the eligibility of a person's identified needs is a three-stage process. First, it must be shown that the person's needs relate to a physical or mental impairment or illness (as opposed to, say, their criminal record). Second, the adult must be unable to achieve at least two of ten outcomes set out in the national eligibility criteria as a result of these needs:

- Managing and maintaining nutrition
- Managing personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of their home (in custody, prison) safely
- Maintaining a habitable home environment (in custody, cell)
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community (in custody, prison and any required community services)
- Carrying out any caring responsibilities they have for a child

Third, it must be shown that the inability to achieve these outcomes has a significant impact on the adult's wellbeing.

Where a person has needs that are not eligible under the Act, local authorities must provide information and advice to the individual on how these can be met and prevented from getting worse.

In addition, all local authorities are responsible for the continuity of care and support of individuals with a package of care and support released into their catchment area. Where a local authority is arranging care for an individual who intends to move to another local authority, the 'sending' local authority should liaise with the 'receiving' local authority to make the necessary arrangements. This includes carrying out a needs assessment. If the authority does not carry out the assessment before the adult arrives in the new locality, it must provide care and support based on the care and support plan of the original authority until it is able to carry out its own assessment.

Box 1 Local authorities' responsibilities for the care and support of people in prison and on release into the community.

Sources: Department of Health and Social Care, 2022; Social Care Institute for Excellence, 2015; The Care Act 2014; The Care and Support (Eligibility Criteria) Regulations 2014.

release, prepare them for release, and support them in the community. The study was specifically commissioned to provide evidence that could assist local authorities in England implement the Care Act reforms in an efficient manner, facilitating the development of better social care services for people released from prison. However, given the rising level of social care needs in prisons globally, the issues it raises are anticipated to have a resonance for commissioners and providers worldwide.

2. METHODS

The review formed part of a National Institute for Health Research School for Social Care Research-funded study of the social care needs of people released from prison. This had three main strands: the presented review, a national local authority survey and qualitative interviews with key professionals in four geographical areas. Each addressed the following research questions:

1. What is known about the social care needs (as defined by the 2014 Care Act) of people released from prison?
2. What systems and processes are in place to plan the release of prisoners with social care needs, including identifying them pre-release?
3. What are main barriers to the provision of social care for people released from prison?
4. What are the main strengths of current provision?
5. What specific initiatives have been implemented to meet prisoners' social care needs post-release and what is known about their outcomes?

Because the literature was believed to be scant and had not previously been reviewed, a scoping review was employed – an approach recommended for mapping the breadth of the literature within a particular field, as opposed to answering tightly defined research questions (Arksey & O'Malley, 2005; Peters et al., 2015). This was guided by a protocol designed with assistance from an

information specialist in the University of Manchester Library's Review Service (copy available from the authors). Reporting follows the PRISMA-ScR checklist to promote rigour and transparency (Tricco et al., 2018).

2.1 SEARCH STRATEGY

Searches were conducted in a wide range of health, social and criminal justice databases: PsycARTICLES, All EMB Reviews, Embase, Global Health Archive, Health & Psychosocial Instruments, Health Management Information Consortium, Ovid Medline, PsycBOOKS, PsycINFO, Social Policy & Practice, ASSIA (Applied Social Sciences Index and Abstracts), BNI (British Nursing Index), Campbell Collaboration, Caredata, Criminal Justice Abstracts, Ethos (E-Theses Online Service), Medline, National Criminal Justice; Opengrey, SCIE (Social Care Institute for Excellence), Social Care Online, Social Services Abstracts, SCOPUS; Sociological Abstracts, Social Sciences Abstracts and Web Of Science. Reference lists from identified reviews, study protocols and included documents were scrutinised for further studies and experts were asked to identify additional references. Initial searches were undertaken in October 2019 and updated in July 2021.

Three search blocks were combined in EMBASE and adjusted for other databases. These related to 1) prisons; 2) release and 3) social care. Because definitions of social care vary, an extensive list of search terms reflecting the ten domains from the Care Act guidance (Box 1) was used. Appendix 1 provides an example search strategy.

2.2 INCLUSION AND EXCLUSION CRITERIA

Studies were selected according to pre-set criteria (Box 2). In addition to peer-reviewed publications, a

Types of literature
Include: peer and non-reviewed journal articles; books/book chapters; reports, discussion papers; policy, practice and guidance documents; dissertations/theses.
Exclude: newspaper articles; information on provider/key stakeholder websites; commentaries; opinion pieces; letters.

Types of studies
All designs, including descriptive accounts (because the literature was believed to be scant).

Focus:
Include: documents with an explicit focus on the provision of social care for people in preparation for, on or subsequent to release from prison (including documents concerned with the identification of people with social care needs whilst in custody).
Exclude: Documents not explicitly concerned with social care provision, including studies primarily concerned with the provision of physical or mental health care; documents concerned with the provision of social care for people in prison as opposed to on release; documents that solely detail different stakeholders' responsibilities for providing social care for people in/on release from prison and provide no detail of how these are fulfilled in practice.

Participants:
Include: Adults (aged 18+) who are or have been detained in custody in prison.
Exclude: Studies that do not specify participants have been in custody e.g. studies of 'offenders' or 'forensic' populations that do not specify a history of detention; studies of young offenders; studies of people in other settings e.g. secure psychiatric facilities.

Location:
All countries, no restriction.

Years:
Include: all publications from 2010 onwards (covering an equivalent number of years pre- and post-introduction of the Care Act).
Exclude: documents published before 2010.

Language:
Include: available in English.
Exclude: not available in English (a pragmatic decision based on both time and resources).

Box 2 Review Inclusion and Exclusion Criteria.

wide range of grey literature including policy reports and practice guidance was included and no exclusions were made on the basis of study design, methods or quality (Arksey & O'Malley, 2005; Peters et al., 2015). Searches were initially made for documents published since 2000. However, in light of the very high number of returns and the results of early screening, the final review focused on documents published 2010 onwards, ensuring the findings reflected recent experience whilst covering an equivalent number of years pre- and post-introduction of the Care Act.

2.3 STUDY SELECTION

To further the removal of duplicates, the titles and abstracts of all the identified documents were independently screened for relevance by two authors (Both ST and DB; AR; CH) and the full texts of all the retained documents were independently screened against the inclusion/exclusion criteria by both ST and DB. Any disagreements were resolved through discussion.

2.4 DATA EXTRACTION AND SYNTHESIS

ST extracted information into a specially designed Excel form and DB checked it for accuracy, consistency and agreement. The extracted data included the author(s), year of publication, publication type, country of origin and aim(s) as well as information about people's social care needs on release, how needs are identified/assessed, barriers to and facilitators of successful release planning and specific social care initiatives. The form was tested and refined before full data extraction began and any uncertainties were settled via discussion. The study findings were organised according to what they could contribute to the research questions and, consistent with established practice, there was no formal quality appraisal (Arksey & O'Malley, 2005; Peters et al., 2015).

3. RESULTS

3.1 SEARCH OUTCOMES

Forty-six publications met the review criteria (Figure 1) of which four related to one study, four to a second and two each to three others; the remaining 32 documents stood alone (Table 1). Appendix 2 provides more detail on the main foci of the inclusions and their key characteristics.

3.2 THE CHARACTER OF THE LITERATURE

Twenty-seven documents stemmed from the UK, eight Australia, five the US and one Ireland; five were multinational. Twenty were published between 2010 and 2015 and 26 between 2016 and 2021. Twenty-four were journal articles with the remainder constituting a mix of research, voluntary sector and parliamentary committee reports, book chapters, professional/commissioning guidance and strategy documents.

Eighteen focused on older prisoners, the vast majority of which emanated from the UK; others considered the needs of people with learning or physical disabilities, mental health problems, cognitive impairment and dementia. Most of the Australian literature concerned the needs of people with intellectual, cognitive or developmental disability, whilst three of the five American publications explored the use of institutional long-term care for people in prison. Just two publications specifically focused on the topic of interest (Robinson et al., 2022; Cornish et al., 2016), with some touching only briefly on this issue. Formal evaluations were rare.

The following sections organise the findings according to the research questions.

3.3 QUESTION 1. WHAT IS KNOWN ABOUT THE SOCIAL CARE NEEDS (AS DEFINED BY THE 2014 CARE ACT) OF PEOPLE RELEASED FROM PRISON TO THE COMMUNITY?

Just three documents provided any information on the number of people with social care needs on release from prison (Cornish et al., 2016; Murphy et al., 2017; Scottish Prison Service, 2017). Further, the sole attempt to estimate these (part of a needs assessment of the Scottish prison estate) only included people known to staff who were willing to be assessed by a social worker (Scottish Prison Service, 2017). Documents providing examples of people with social care needs post-release were also few and far between and tended to focus on older people's or people with learning disabilities' need for support to learn to cook (n = 4), use community facilities (n = 4) and engage in work or education (n = 5) albeit it was not always clear if these needs stemmed from physical or mental disorders or simply the length of time people had spent in prison (Bunn, 2019; Eadie et al., 2017; Ellem et al., 2020; Ethridge & White, 2015; Hyun et al., 2014; Murphy et al., 2017; Saunders, 2013; van Dooren et al., 2016; Young et al., 2016). Just two documents contained examples of people who needed support with personal hygiene (van Dooren et al., 2016; Young et al., 2016), but there was a general indication that the number of people requiring social care and support was increasing (Eadie et al., 2017).

3.4 QUESTION 2. WHAT SYSTEMS AND PROCESSES ARE IN PLACE TO PLAN THE RELEASE OF PRISONERS WITH SOCIAL CARE NEEDS, INCLUDING IDENTIFYING THEM IN CUSTODY

All of the extracted material relating to this question stemmed from the UK, with most comprising descriptive accounts of past/current systems for identifying people with social care needs on prison reception.

3.4.1. Identifying people with social care needs

Prior to the Care Act, a 2011 voluntary sector organisation report noted that the generic prison and healthcare screening tools used at prison reception were often

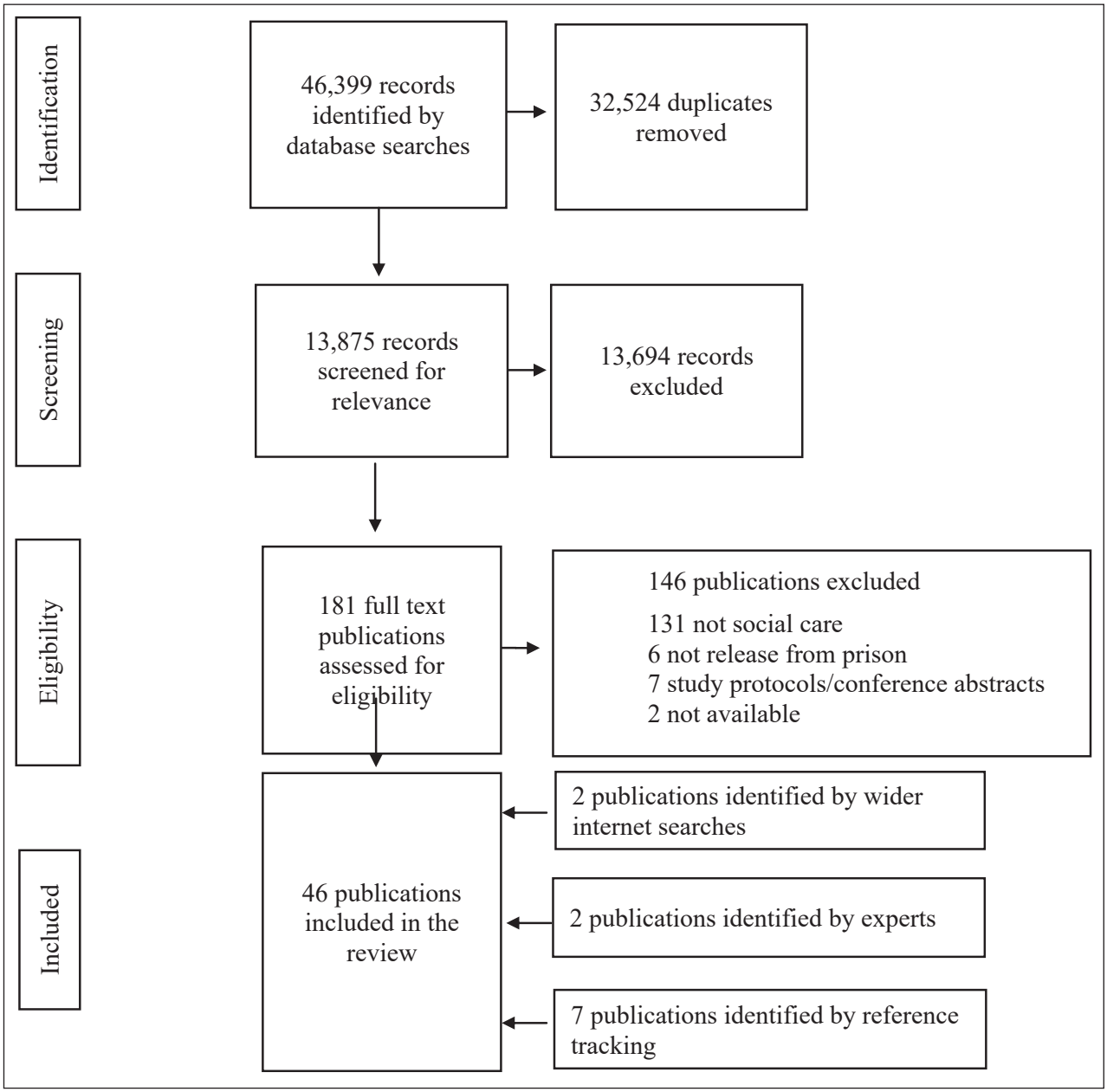

Figure 1 Prisma Flow Diagram.

supplemented by bespoke social care forms (Anderson & Cairns, 2011). However, it was widely acknowledged that many people with social care needs were missed (Anderson & Cairns, 2011; Booth, 2011; O'Hara et al., 2016; Senior et al., 2013). Whilst a specific social care screening tool had been developed for short-term prisoners (Anderson & Cairns, 2011), no reports were found of its use in practice and a national survey of the early arrangements local authorities had put in place to identify people with social care needs after the introduction of the Care Act found most authorities had simply added some further questions to their existing health care screen (Tucker et al., 2018).

A 2018 Thematic Report on social care in prisons (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018) nevertheless identified several good practice examples, including screening entrants' mobility to ensure they could manage in their cells and the appointment of a social care coordinator to see all new arrivals, whilst evidence to the 2020 House of Commons Justice Committee inquiry on older prisoners indicated compliance with the requirement for initial screening had improved. However, the aforementioned survey suggested social care staff were rarely involved in this process, with most local authorities delegating this responsibility to prison or healthcare colleagues. Further, although some authorities involved other prisoners, not all new arrivals were comfortable with this (Tucker et al., 2018). Second screening and monitoring were perceived to offer a better opportunity to identify people's needs. However, few examples of good practice were identified. In one establishment a primary care worker completed face-to-face secondary screens with all new arrivals whose records indicated there may be a need and

Table 1 Description of included documents.

AUTHOR(S), YEAR, COUNTRY	DOCUMENT TYPE, COUNTRY	MAIN FOCUS
Cooney & Braggins, 2010	Voluntary sector report, England and Wales	Good practice for older people in prison
NACRO, 2010	Voluntary sector report, England	Good practice for the resettlement of prisoners with mental health problems or learning disabilities
Anderson and Cairns, 2011	Voluntary sector report, England	The social care needs of short-sentence prisoners
Anonymous, 2011	Journal article, England	The provision of social care in prison
Booth, 2011	Journal article, England	The support of prisoners with a disability
Davies, 2011,	Dissertation published as journal article, England, Wales, US and Canada	The issues faced by older people released from prison and initiatives to support them
Ellem, 2012, 2019; Ellem et al., 2012, 2020	Journal articles x 3, book chapter, Australia	The experience and support needs of people with an intellectual disability leaving prison
HoCJC, 2013	Parliamentary committee report, England	Scrutinise the work of the Ministry of Justice and associated bodies in the provision of care for older prisoners
Loeb, 2013	Journal editorial, United States	The transfer of people from prison to institutional long term care facilities
Moll, 2013	Voluntary sector report, International	The treatment and management of older male prisoners with cognitive impairment
Prison Reform Trust et al., 2013	Briefing paper for directors of adult social services and lead members, England	Young people and adults with multiple needs in contact with the criminal justice system and how social services can support them
Saunders, 2013	Journal article, England	The innovations and improvisations made to meet the needs of older men in one particular prison
Senior et al., 2013; Forsyth et al., 2015; O'Hara et al., 2015, 2016	Research report and 3 journal articles, England and Wales	The health and social care needs of older male prisoners
Gibson & Ferrini, 2014, US	Journal article, United States	The use of institutional long term care for people with criminal backgrounds
Hyun et al., 2014	Journal article, International	The lived experience of people with learning disabilities who have faced arrest/prison
Pearsall et al., 2014	Journal article, International	The transitions of mentally disordered offenders leaving custodial environments and how they might be improved
Ethridge and White, 2015, US	Journal article, United States	The introduction of legislation to allow prisoners with special care needs to be released early
Cornish et al., 2016	Voluntary sector report, England	The experience of older people on release from prison
Joyce & Maschi, 2016	Voluntary sector report, Ireland	The rights, needs and experiences of older people in prison
Pearmain, 2016	Professional guidance document, England	Guidance for Occupational Therapists on four areas of practice highlighted by the Care Act, including care and support for adults in prison and people released from custody
van Dooren et al., 2016; Young et al., 2016	Research report and paper, Australia	The health and social care needs of people with mild intellectual disabilities released from prison and how to meet them
Eadie et al., 2017	Good practice guidance, England	Guidance on adapting Approved Premises' practices/regimes for older people
Forsyth et al., 2022; Forsyth et al., 2017	Research report and journal article, England	A randomised controlled trial of the effectiveness of a new assessment of older prisoners' health and social care needs
Munday et al., 2017	Good practice guidance for commissioners and service providers, England	Guidance on health and social care services for older prisoners
Murphy et al., 2017	Journal article, England	The experience of people with intellectual difficulties on leaving prison

(Contd.)

AUTHOR(S), YEAR, COUNTRY	DOCUMENT TYPE, COUNTRY	MAIN FOCUS
Scottish Prison Service, 2017	Prison service report, Scotland	A profile of the population of people with social care needs in Scottish prisons
Di Lorito, Vollm and Dening, 2018	Journal article, International	The experience of older people in prison and how services address their needs
Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018	Thematic report, England and Wales	The state of provision of social care in prisons in England and Wales further to the introduction of the 2014 Care Act
Levy et al., 2018	Social work leadership report, Scotland	The barriers to and facilitators of formalised and sustainable social care in Scottish prisons
Robinson et al., 2022; Tucker et al., 2018	Journal articles, England	Arrangements for the provision of social care in and on release from prison
Bunn, 2019, Australia	Journal article, Australia	The concept of intersectionality in understanding the needs of people with multiple and complex needs on release and services' response to these
Her Majesty's Prison and Probation Service & National Probation Service, 2019	Strategy document, England and Wales	A strategy for the provision of health and social care
Forsyth et al., 2020	Research report, England and Wales	The prevalence of cognitive impairment and dementia in older prisoners and the services they require
HoCJC, 2020, England	Parliamentary committee report, 2020	The present and likely future characteristics of older prisoners, the challenges they face and the services they need
Kannenberg and Conley, 2020	Journal article, United States	The strategies used by a community-based multidisciplinary team for people who are frequently arrested and (typically) homeless
Rowe et al., 2020	Journal article, Australia	A specialist education, training, and employment programme for prisoners with cognitive disability
Hughes and ten Bensel, 2021	Journal article, United States	The role of parole officers in the reintegration of older prisoners

social care staff in two further prisons attended general induction sessions to promote their service and identify needs missed on entry (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; House of Commons Justice Committee, 2020).

Formal systems for identifying people who developed social care needs post-reception appeared rare, with most authorities relying on prison and healthcare staff recognising such people in routine interactions (Tucker et al., 2018; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). In one prison, however, the healthcare provider screened all existing prisoners, whilst a second employed a dedicated health care assistant to identify people with changed needs (Tucker et al., 2018). Other promising initiatives included the regular review of older prisoners (House of Commons Justice Committee, 2013), the piloting of a social care needs tracker across the prison estate (Munday et al., 2017) and prison buddy/self-referral schemes (Tucker et al., 2018). However, none appeared to have been formally evaluated, whilst in their vision for the provision of social care in Scotland, Levy and colleagues (2018) cautioned against over-reliance on self-report, pointing to incentives for people to both over and underestimate their needs. There was also some suggestion that not all prisoners knew they *could* self-refer and that even where they did, these referrals were not always passed on to local authorities, with commentators pointing to the need for streamlined referral processes with multiple (and easy) 'routes in' (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; House of Commons Justice Committee, 2020).

3.4.2. Assessing social care needs

The review suggested that whereas, historically, local authority personnel rarely got involved in assessing prisoners' needs (Cooney & Braggins, 2010; House of Commons Justice Committee, 2013; O'Hara et al., 2015), social care staff (mostly social workers) now undertook this role in most prisons, using the same assessment schedules as employed in the community (Tucker et al., 2018; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). A 2017 guidance document on health and social care assessments for older prisoners recommended these be expanded to encompass those daily activities unique to prison life (e.g. getting to meals, dropping to the floor for alarms, Munday et al., 2017). However, a rare randomised controlled trial of a prison-specific assessment (the Older Prisoner Health and Social Care Assessment Plan, OHSCAP) identified no significant difference in the resultant number of unmet needs (Forsyth et al., 2017; Senior et al., 2013), with audit and qualitative data suggesting the care-planning element was poorly implemented (Forsyth et al., 2017; Forsyth et al., 2022). The tool was, however, praised for focusing on issues

relevant to release and its dynamic, interactive approach (Levy et al., 2018), qualities also extolled in previous prison assessment tools (Cooney & Braggins, 2010; House of Commons Justice Committee, 2013; Moll, 2013).

3.4.3. Planning for release

The aforementioned national survey suggested that where people had received a commissioned care package in prison, the provision of social care post-release generally worked well, with prison social workers liaising with neighbourhood teams to meet people's care requirements. However, systematic arrangements to identify people whose social care needs had previously been met by the prison regime (or people likely to have new needs on release) appeared lacking (Robinson et al., 2022). An earlier report on people with dementia in prison, however, described an older people's clinic in which all individuals were screened for potential service need two months pre-release (Moll, 2013), whilst there was also brief reference to health and social care providers liaising with social care staff as part of 'discharge clinics' (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018).

3.5 QUESTION 3. WHAT ARE MAIN BARRIERS TO THE PROVISION OF SOCIAL CARE FOR PEOPLE RELEASED FROM PRISON?

Five main barriers to the provision of social care for people released from prison were identified in the literature. Four were perceived as 'organisational' barriers; the fifth related to individual prisoners' characteristics.

3.5.1 Inadequate screening and assessment processes

As above, the review suggested that, at least in England, screening and assessment processes were insufficiently robust to identify all those people with potential social care needs on release from prison. A mix of factors were reported to contribute to this situation, including prison and prison healthcare staff's typically poor understanding of social care and the want of protected time for reception interviews (issues exacerbated by wider problems in the prison estate, including reduced staffing levels, Anderson & Cairns, 2011; Booth, 2011; Forsyth et al., 2017; House of Commons Justice Committee, 2020; Levy et al., 2018). There was also some suggestion that the available screening tools were insufficiently detailed (Tucker et al., 2018); the system particularly failed people with multiple lower level needs who fell beneath the eligibility thresholds for specific health and care services despite high overall need (Anderson & Cairns, 2011; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018); and the nature of the prison environment, whereby assessments were conducted in people's cells or small visiting rooms, made assessment difficult, precluding, for example, the opportunity to observe their mobility (Pearmain, 2016).

3.5.2. Lack of integration and information sharing

Multiple inclusions highlighted a lack of co-ordination across prison, health, social care, probation and voluntary sector providers as impeding social care delivery (e.g. Anonymous, 2011; Davies, 2011; Forsyth et al., 2022; House of Commons Justice Committee, 2020; Senior et al., 2013; Young et al., 2016). In England this was historically attributed to the aforementioned lack of clarity as to who was responsible for prisoners' social care (Senior et al., 2013). However, some three years after the introduction of the Care Act, many prisons' Memorandums of Understanding were still said to contain insufficient detail to support service provision (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018).

Over and above this, research from Australia, the US and UK suggested ongoing tensions in different services' philosophies and priorities hampered partnership working (Davies, 2011; Ellem et al., 2012; van Dooren et al., 2016). Probation/parole services attracted particular criticism, with the recent loss of experienced staff in the UK postulated to have reduced their capacity to engage in cross-agency work (Robinson et al., 2022) and US parole officers describing insufficient training in working with other agencies and insufficient resources to meet ageing clients' needs (Hughes & ten Bensel, 2021). Indeed, accounts of inadequate funding permeated the literature, with recent budget cuts perceived to have exacerbated inter-agency tensions about who funded what (Forsyth et al., 2022; Loeb, 2013; van Dooren et al., 2016; Young et al., 2016), including inter-authority disputes about ordinary residence in England (Robinson et al., 2022; House of Commons Justice Committee, 2020), with conflicts often compounded by a lack of timely communication between prison and social care staff as to date of release (Forsyth et al., 2015; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018). More widely, longstanding reports of failures to share information (including care plans) and a lack of connectivity between computer systems remained reportedly unresolved, whilst prisoners themselves often lacked information about their release, including where they would live (Forsyth et al., 2015; Forsyth et al., 2017; Forsyth et al., 2022; House of Commons Justice Committee, 2013; House of Commons Justice Committee 2020; Moll, 2013; Pearsall et al., 2014; Senior et al., 2013).

3.5.3 The prison regime

The typical prison regime's focus on younger prisoners (in terms of offending behaviour, education, vocational and employment programmes) was described in both the English and Australian literature as impeding care for other client groups, including people with intellectual and developmental disabilities (IDDs) and older people (Cooney & Braggins, 2010; Forsyth et al., 2015; House of Commons Justice Committee, 2020; NACRO, 2010; Senior

et al., 2013). Further, even where suitable programmes existed, the nature of the prison environment (much of which in the UK is old), staff shortages and different professionals' perceptions of their roles were said to preclude access to these (Davies, 2011; Forsyth et al., 2017). The evaluation of the OHSCAP, for example, found prison officer facilitators addressed significantly less identified health and social care needs than healthcare facilitators (Forsyth et al., 2017; Forsyth et al., 2022).

Over and above this, research from Australia highlighted the difficulties of teaching people with IDDs daily living skills in 'artificial' prison environments and noted that even where people were involved in domestic activities (e.g. laundry, cooking), transient and unstable living arrangements militated against their retaining these skills on release (Ellem, 2012, 2019; Ellem et al., 2020). Many were housed in high-security settings/isolation, affording protection from other prisoners, but acting as a barrier to attaining skills for community life, whilst recent service reforms emphasising individual budgets, choice and control were also seen to have failed this client group, being designed for informed service users who could communicate their needs/preferences.

3.5.4 A dearth of suitable housing

Despite its importance for care provision, securing suitable accommodation for vulnerable adults, particularly those convicted of sexual offences and/or in need of care home placement, was internationally described as challenging (House of Commons Justice Committee, 2020; Hughes & ten Bensel; 2021; Joyce & Maschi, 2016). Many older prisoners in England were discharged to Approved Premises away from their former homes (reflecting their offences). However, much of this estate was again old, precluding the support of people with disabilities, accessibility needs or complex health conditions (Eadie et al., 2017; House of Commons Justice Committee, 2020).

3.5.5 Individual prisoner characteristics

Lastly, certain prisoners were said to be less likely to identify themselves as needing social care. This included older prisoners, who were typically perceived to be reluctant to ask for formal help (Forsyth et al., 2022; Eadie et al., 2017) and people with IDDs, who often found it difficult to express their needs/understand how to seek help (House of Commons Justice Committee, 2020; Hyun et al., 2014).

3.6 QUESTIONS 4 AND 5. WHAT ARE THE MAIN STRENGTHS OF CURRENT PROVISION? WHAT SPECIFIC INITIATIVES HAVE BEEN IMPLEMENTED TO MEET PRISONERS' SOCIAL CARE NEEDS POST-RELEASE AND WHAT IS KNOWN ABOUT THEIR OUTCOMES?

Although the literature contained many examples of good practice, almost no outcome information was identified and reports of the strengths of current provision were greatly outnumbered by suggestions of the factors required for successful practice. Three of the five main enablers comprised the inverse of the barriers above.

3.6.1 Effective screening and assessment practices

As described in Section 3.4, the review identified several examples of good screening and assessment practice. More broadly, however, there was general agreement that effective systems needed to begin (but not end) at reception, be undertaken by specially trained staff with designated roles and protected time and guarantee regular reviews (Anderson & Cairns, 2011; Robinson et al., 2022; Cooney & Braggins, 2010; Forsyth et al., 2017; Forsyth et al., 2022; Young et al., 2016). More specifically, there was some optimism in England that the new Offender Management in Custody model which aims to provide a key worker for each prisoner, would increase prison staff's knowledge of individuals' release needs (Robinson et al., 2022; Forsyth et al., 2022) and that designated 'resettlement' prisons would facilitate development of the specialist expertise required to support people in the community (Munday et al., 2017).

3.6.2 Good inter-agency relationships

Where arrangements for people released from prison were viewed as good, these were generally said to be predicated on strong inter-agency relationships and shared understanding and ownership (e.g. Eadie et al., 2017; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; Senior et al., 2013; Young et al., 2016). A good practice guide on the resettlement of prisoners with mental health needs or learning disabilities suggested integrated approaches in which organisations worked together could cut across traditional agency boundaries, accessing a range of resources/services and developing more creative, innovative responses to problems (NACRO, 2010), whilst at a strategic/commissioning level, collaborative working, including pooled or aligned budgets, was viewed as imperative to achieving better value for money for people with multiple needs (Prison Reform Trust et al., 2013).

Only a minority of reports looked at how good relationships could be developed. However, the establishment of clear, joint objectives (as part of Memoranda of Understanding or similar frameworks of responsibilities/accountability) and designated social care leads were perceived as key (Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; NACRO, 2010; Prison Reform Trust et al., 2013). The establishment of specialist prison social worker roles was also argued to facilitate closer working relationships with prison staff (Tucker et al., 2018; Forsyth et al., 2022), whilst whole-systems case management models and relationship-based developmental work were believed to enhance service interactions at an individual level (Ellem, 2019; Ellem et al., 2020; Kannenberg & Conley, 2020). No formal evaluations of such initiatives were, however, identified.

3.6.3 Training

Whilst the literature contained widespread support for training prison, probation and healthcare staff about social care needs, referral pathways and services (e.g. Robinson et al., 2022; Her Majesty's Prison and Probation Service & National Probation Service, 2019; Young et al., 2016), most publications provided little or no guidance on what this might involve. Drawing on a literature review, staff surveys and interview data Forsyth and colleagues (2020) developed two tiers of training for staff supporting prisoners with cognitive impairment and dementia, one for all staff (general awareness training) and a second for staff undertaking assessments/developing care plans (more specialist input). These were designed to be delivered to multidisciplinary groups face-to-face and emphasised discussion and small group tasks, but at the time of writing, had not been evaluated. A survey of good practice with older prisoners, reported increased staff confidence and expertise where staff were given the time and resources to undertake awareness training (Cooney & Braggins, 2010), whilst training in the needs of people with IDDs, including information on community services, was said to have improved prison staff's interactions with this client group and be crucial to positive transitions (Ellem, 2019; van Dooren et al., 2016; Young et al., 2016). However, it was difficult to determine if these claims were grounded in evidence.

3.6.4 Information sharing

The sharing of information between agencies within prisons and between prison and community services was widely seen as vital to the provision of effective community support (e.g. Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; Pearsall et al., 2014; Pearmain 2016; Young et al., 2016) although, again, few inclusions explored what this might involve. That said, potential actions included the nomination of designated information leads and the development of clear policies on what could and couldn't be shared (Cornish et al., 2016; Forsyth et al., 2017). In the US, medical staff in some prisons provided continuity of care information to receiving personal care facilities, mental health and Department of Public Welfare sites, whilst others employed social workers to coordinate scheduling and destination details (Moll, 2013). In England, two good practice toolkits/resource packs for older prisoners advocated the use of single multidisciplinary pre-release assessments (Davies, 2011), whilst personalised pathway documents, providing tailored information on people's resettlement needs and access to different services, were being trialled (Munday et al., 2017). Other suggestions included identifying a single point of contact for information about ex-prisoners moving into a different geographical area and clear referral/response timescales, whilst electronic data were believed to have the potential to enhance data sharing, given appropriate IT systems (Robinson et al., 2022).

3.6.5 Early release planning/continuity of care

A 2011 review of the issues faced by older people released from prison (Davies, 2011) highlighted the importance of early release planning and identified a range of initiatives for this client group, several of which were also cited in more recent literature. Prominent amongst these were a range of pre-release groups run by/with voluntary sector organisations, which typically provided advice on housing, benefits, modern technology, the constructive use of leisure time, befriending and independent living skills (Davies, 2011; House of Commons Justice Committee, 2013; House of Commons Justice Committee, 2020; Moll, 2013; Munday et al., 2017; Saunders, 2013). Over and above this, some US states had developed special facilities offering pre-release programmes for older prisoners (Davies, 2011), whilst the RELIEF project in Canada delivered training in self-sufficiency and basic living skills to older, frail, conditionally released prisoners in a home-like centre (Davies, 2011). In Australia the 'Future Beyond the Wall' project developed a similar pre-release unit for prisoners with intellectual or cognitive impairment with a focus on functional rather than formal instruction (Rowe et al., 2020). Various arrangements were also described for the pre-term (compassionate) release of prisoners with special care needs, including people who were terminally ill/in need of institutional long-term care (Cornish et al., 2016; Di Lorito et al., 2018; Ethridge & White, 2015; Gibson & Ferrini, 2014; House of Commons Justice Committee, 2020). However, no outcome data were reported.

Several other initiatives (again often involving the voluntary sector) provided post-release assistance, including one-to-one support and/or peer mentoring (Davies, 2011; Eadie et al., 2017; Moll, 2013; NACRO, 2010; House of Commons Justice Committee 2020), but formal evaluations were lacking. Of these, the Multiple and Complex Needs Initiative in Australia stood out as providing time-limited, intensive support and service coordination in tandem with practice advice and capacity building for the services involved (Bunn, 2019).

More broadly, several documents stressed the importance of community staff engaging with people *before* their release, facilitating the development of relationships and raising awareness of the environmental context in which people had been living (e.g. Tucker et al., 2018; Her Majesty's Inspectorate of Prisons & Care Quality Commission, 2018; House of Commons Justice Committee, 2020; Loeb, 2013; van Dooren et al., 2016), whilst there was considerable support for the early transfer of prisoners to the geographical area in which they would be released, facilitating family involvement in release planning (Robinson et al., 2022; Ellem et al., 2020; Loeb, 2013; Scottish Prison Service, 2017). A good practice guide on resettling people with mental health needs or learning disabilities also pointed to the potential of direct payments in enabling service users to 'purchase

the type of care they want in the way that they want it' (NACRO, 2010: p41), but there was little mention of this elsewhere in the literature.

4. DISCUSSION

This paper provides a comprehensive account of what is known about the provision of social care for people released from prison from the existing literature. Whilst the findings are drawn from 46 documents (relating to 37 studies), the review exposes the extremely limited evidence on which practice is currently based and suggests research in this field is in its infancy. Few publications focused specifically on this issue, processes of care were typically poorly understood, limited information was available on the implementation and experience of specific initiatives and data on outcomes were lacking. Nevertheless, the review identified five key barriers to the provision of social care for people released from prison (ranging from inadequate screening and assessment processes to a lack of suitable accommodation), plus five important facilitators of successful delivery (including training prison, probation and healthcare staff about social care needs, referral pathways and services and measures to promote information sharing). As such, the findings have several implications for a wide range of stakeholders.

4.1 IMPLICATIONS FOR POLICY MAKERS, COMMISSIONERS, PROVIDERS AND RESEARCHERS

First and foremost, the review highlights the urgent need for more information about the number of people with social care needs on release from prison and the nature and extent of their needs. This includes the needs of previously largely neglected subgroups such as women in prison and younger adults with physical disabilities and mental health problems. Although there is clearly a need for more research here, government information systems should also consider (as a minimum) starting to collect data about those individuals released to the community who have received social care in custody.

In contrast to the dearth of information on the prevalence of people with social care needs released from prison, the challenges of identifying, assessing and providing support for this client group appear well understood. Perhaps not surprisingly, many (e.g. a lack of integration and information sharing) echo those encountered in work with other client groups, including people with neurodivergent conditions, terminal illness and older prisoners more generally (Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services, 2021; International Committee of the Red Cross, 2018; Macleod et al., 2020). Moreover, it is clear that problems exist at the macro, mezzo and micro levels, with several of the identified issues interacting within and between these. More positively, however, many of the highlighted factors appear malleable to intervention and the review identified a range of promising practices which could provide direction for future service development.

At a systems level, for example, the findings point to the need to rationalise social care information systems with prison and healthcare systems, to refine the prison regime (as far as possible) to mirror the outside community and to expand the prison service's focus on the risk to others/risk of recidivism to encompass the risk to the individual themselves, whilst at an organisation level, they highlight the desirability of screening for social care needs not only on prison entry, but throughout people's stay and the potential utility of routine pre-release assessments, feeding into single multi-disciplinary reports. In this context, the promised introduction of 'resettlement passports' in England, designed to bring together 'the key information and services to support prison leavers to address their drivers of repeat offending and ensure a smooth transition into the community' whilst providing clarity on who is accountable for each resettlement service, is welcome (Ministry of Justice, 2021: p48). The processes necessary to formulate these may also go some way to strengthening inter-partnership working (both within prisons and across prison/community boundaries) and the adoption of a 'whole person approach', whilst at an individual level they fit with the sort of flexible, intensive support and service coordination services advocated within the literature in seeking to prioritise the person's experience and self-identified goals, and taking the required services *to* the individual.

Any such developments, however, will need to be accompanied by robust evaluation, for it is currently unclear which specific activities lead to better social care outcomes. Whilst the mix of case studies, surveys and policy/professional reports identified in this review highlight a range of promising practices, service commissioners, planners and providers require an improved evidence base. Future studies will then need to use more rigorous research designs, employing mixed-method approaches, including cost-benefit analyses (so as to enhance the transferability of the results to front line practice). These might encompass quantitative studies using experimental designs and/or longitudinal data as well as qualitative studies, exploring key stakeholders' experiences (particularly those of the individuals themselves, a largely absent voice in the literature to date).

4.2 METHODOLOGICAL CONSIDERATIONS

In interpreting the review's findings, a number of methodological considerations must be taken into account. First, although systematic and comprehensive searches were undertaken in a wide range of databases (supplemented by website searches and reference list checks), in light of the lack of a universally accepted

definition of social care and the restriction to English publications, it is possible that the results will be less relevant to services in countries with different service structures. Indeed, it is notable that all the included documents were from higher income countries, with most either from (or encompassing) the UK. This may perhaps reflect the specific policy attention given to the care of older prisoners in the UK in recent years (House of Commons Justice Committee, 2013; House of Commons Justice Committee, 2020) and the consequent availability of funding for research that can inform policy implementation, whilst the focus in the US literature on institutional long term care for people in prison similarly appears in keeping with many states' desire to move away from overly punitive (and expensive) prison care for older adults (Maschi et al., 2013; Prais & Sheahan, 2019). The focus of the Australian literature on people with intellectual disabilities may likewise arise from that government's interest in this client group and how best to support them given their over-representation in prisons and high rate of recidivism (Young et al., 2016). Second, although the review encompassed a wide variety of grey literature, providing valuable insights into real life issues anticipated to be of interest to those seeking to improve care for this client group, in order to make it manageable, documents published pre-2010 were excluded. Third, whilst no formal quality assessment of the included literature was undertaken, the widespread lack of evidence to support most of the described/proposed activities, is of itself telling.

5. CONCLUSIONS

Given the paucity of data on the number, needs and outcomes of people released from prison with social care needs, it is hard not to conclude that this population is currently poorly understood and under-served. Nevertheless, against a background of heightened policy interest in the social care needs of people in prison, this review identified five key factors considered necessary to the delivery of care and support and highlighted several promising initiatives, ranging from the introduction of prison buddy/self-referral schemes to identify people with likely social care needs to the development of pre-release groups providing training in everyday living skills and the use of personalised pathway documents for people released from prison. Ring-fenced investment will, however, be needed to finance any future service development, which should be robustly evaluated.

In recent years, the Covid-19 pandemic has affected every aspect of prison life, including release planning, with each of the individual agencies adapting to socially distanced service models (Davis, 2020; Hwang et al., 2021). That said, the issues raised in this review appear just as important now as they were before the pandemic and it is hoped that the findings will serve as a springboard for further discussion and research on how best to meet the needs of this client group, for without the required support, many of these will undoubtedly go unmet.

ADDITIONAL FILES

The additional files for this article can be found as follows:

- **Appendix 1.** Example search strategy for Medline. DOI: https://doi.org/10.31389/jltc.161.s1
- **Appendix 2.** Supplementary Table: Key characteristics of included studies. DOI: https://doi.org/10.31389/jltc.161.s2

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The authors have no competing interests to declare.

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