Providing Social Care Following Release from Prison: Emerging Practice Arrangements Further to the Introduction of the 2014 Care Act

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Abstract

Although prisoners have significant care needs and are particularly vulnerable following release, there have been longstanding concerns about their social care. Among its provisions, the 2014 Care Act defined the responsibilities of local authorities for identifying and meeting the social care needs of prisoners. Here, we report the findings of a national survey of local authorities undertaken in 2016 which explored the early arrangements put in place following the Care Act for prisoners on release. 88 of 158 local authorities responded, including 81% of those with prisons in their catchment area. Key themes included difficulties with case finding, with a reliance on referrals from other agencies, although provision for those already known to local authorities generally worked well. Other themes were difficulties in sharing assessments and information between local authorities, and problems with care planning and co-ordination with other agencies. We discuss some of the tensions and challenges inherent in implementing the Act and highlight areas requiring attention, including the need for more robust case finding and systems for information transfer. We also suggest measures to strengthen arrangements.

The 2014 Care Act made local authorities in England responsible for the social care of prisoners, both whilst in custody and on release. This paper explores the early arrangements local authorities established for people with social care needs released from prison drawn from a national survey.

Internationally, most prisoners come from disadvantaged and marginalised sections of society and experience high levels of mental health problems, substance abuse and communicable diseases (Fazel *et al.*, 2006; Fazel and Baillargeon, 2011; WHO, 2014; Prison Reform Trust, 2019). Less is known about prisoners' social care needs, a situation compounded by varying definitions. Levy and colleagues (2018) note that social care is often defined in terms of an individual's ability to undertake activities of daily living (ADLs) such as washing and dressing (an approach closely aligned with a health-related model of disability). However, broader definitions include support for people with certain physical, cognitive or age-related conditions to engage in work, education, learning, leisure and assistance to build social relationships and participate in society (Commission on Funding of Care and Support, 2011).

However defined, the level of social care need in prisons is generally acknowledged to be increasing from demographic ageing, longer sentences and convictions for past sexual offences, leading to a growth in the number of older prisoners (Parker *et al.*, 2007; Omolade, 2014; HMIP and CQC, 2018). Prisoners of all ages have poorer physical and mental health than non-prisoners (Fazel and Baillargeon 2011). However, this is more marked in older prisoners (defined as people aged 50 or over), who now constitute approximately 17% of the prison population in England (Di Lorito *et al.*, 2017; Prison Reform Trust, 2019). Consistent with earlier international research (Snyder *et al.*, 2009; Hayes et al., 2013; Trotter and Baidawi, 2015; Joyce and Maschi, 2016), a study of 482 male prisoners in Lancashire found one fifth of older prisoners had problems maintaining personal hygiene, dressing and/or getting around the prison safely; a significant minority lacked meaningful occupation; and approaching a sixth acknowledged problems forming/maintaining relationships (Tucker et al., 2019). Younger prisoners with social care needs (including people with mental health problems,

physical and learning disabilities, autistic spectrum disorders and long-term health conditions) were also present, amounting to approximately one in ten (Tucker et al., 2019).

If little is known about the social care needs of people in prison, still less is known about their social care needs on release to the community. Indeed, the number of people requiring support will if anything, be greater, since people who just about manage within the structured prison regime may fail to cope on release. This is a critical time, with a high risk of adverse health and social outcomes including relapse into drug use, mortality, homelessness, debt, unemployment and discontinuity of health care (Williamson 2006; Binswanger *et al*. 2012; Zlodre and Fazel 2012).

Notwithstanding such obvious need, the provision of social care for people in prison in England has historically been lacking (HMiP, 2004, 2008, 2009; Parker *et al*., 2007; Anderson and Cairns, 2011; Senior et al., 2013; DH 2014a), a situation attributed to a lack of clarity as to whether or which local authorities were responsible for assessing and meeting prisoners' social care needs (DH, 2014b). As recently as 2014, just 26% of prisons reported that local authorities were involved in assessing and meeting care needs for people in prison, and only 18.4% of prisons said local authorities were involved in assessing and meeting people's social care needs both whilst in prison and on release. Despite a lack of training and the inappropriateness of such provision, most personal care was provided by other prisoners, and that provided by staff was delivered by prison healthcare staff (LGA and NOMS 2014). The release-planning process was also noted as problematic, with poor information sharing between authorities and a lack of continuity of care on release. Indeed, it appeared very few prisoners were properly assessed or effectively assisted, impacting negatively on their day-to-day functioning, dignity, health, well-being, rehabilitation and risk of re-offending (as well as the public at large and the public purse) (HMIP, 2004, 2008; Parker et al., 2007; DH, 2014a, 2014b; Forsyth et al., 2015).

The introduction of the Care Act 2014 (The Act) in April 2015 was thus widely welcomed. The Act brought together and updated legislation, roles and responsibilities related to social care. Responsibility for social care in prisons was made explicit. The Act specified that the local authority within whose area a prison or approved premises is located is responsible for identifying and assessing all prisoners with potential social care needs and, where these met the new national eligibility criteria, for providing or commissioning appropriate care and support. In addition, *all* authorities (with and without prisons in their catchment area) are responsible for the continuity of care of people who come into their area with a package of care on release. Where prisoners are released into a different local authority area, the two authorities are expected to communicate and make the required arrangements.

Seeking to "overturn a disempowering, 'one-size fits all' approach to care" (Whittington 2016, p 1943), the Act sought to provide a more person-centred service that promotes physical, mental and emotional wellbeing. The definition of social care in the accompanying Care and Support (Eligibility Requirement) Regulations is accordingly broad, encompassing care and support to achieve a wide range of outcomes (Box 1) so long as these arise from a physical or mental impairment/illness, affect the ability to achieve two or more outcomes and have significant impact on wellbeing.

Box 1. Outcomes specified in The Care and Support (Eligibility Criteria) Regulations 2014

- Managing and maintaining nutrition
- Managing personal hygiene
- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- 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
- Carrying out any caring responsibilities the adult has for a child

However, whilst the Act clarified responsibilities of local authorities, the method of service delivery was not specified, leaving authorities to decide how these were addressed. Moreover, although an extensive body of research existed on how best to address the wider social, employment and housing needs of people released from prison, research on their social care needs as defined by the Act was largely lacking.

Against this background, the national survey reported in this paper explored the arrangements local authorities in England had established for people with social care needs on release from prison shortly after the introduction of the Act. Whilst the data and the Act relate to England alone, Wales has the not dissimilar Social Services and Well-being (Wales) Act 2014 and is conducting an inquiry into health and social care provision in Welsh prisons (Senedd Cymru 2020). Scotland also has plans to develop social care in prisons (Levy et al., 2018; Scottish Government, 2018). Thus, the findings have resonance in other jurisdictions through examination of how social care needs are identified on release, the challenges of information-sharing between stakeholders and the interface between social care and probation services.

Methods

The research formed part of a NIHR School for Social Care Research-funded study of the social care needs of people in prison. This had three main strands involving face-to-face interviews with a large random sample of men in prison to scope their social care needs (Tucker et al., 2019); workshops with social care practitioners and commissioners from nine local authorities to examine the interpretation of the new eligibility criteria for social care in prison settings; and the national survey. This paper focuses on part of the latter, which examined the arrangements established to address prisoners' social care needs in preparation for, on and subsequent to release from prison. It thus complements earlier

work on arrangements to meet social care needs of people *in* prison published in this journal (Tucker et al., 2017), by providing a community rather than an institutional perspective.

Recruitment

A letter was emailed to the Director of Adult Social Services in each authority in England in December 2015 (n=152) requesting they forward this to the person in their organisation with most local knowledge about provision of social care for prisoners. The letter contained a link to an electronic version of the questionnaire as well as an attached Word version. Reminders were sent to non-respondents, and data collection closed in July 2016.

Questionnaire content

Befitting an area about which little is known, the questionnaire contained mainly open-ended questions on the arrangements local authorities had put in place to:

- Identify people with social care needs prior to release into the community;
- Transfer prisoner assessments between authorities; and
- Work with probation services.

The questionnaire was piloted and revised in accordance with the comments of a small number of authorities in north-west England.

Data analysis

Numerical and pre-coded data were analysed with descriptive statistics using the statistical package SPSS for Windows version 19.0. An inductive approach was used to analyse the free text responses and organise the data without losing sight of the detail (Braun and Clarke, 2006, 2012). This was an

iterative process in which three members of the research team (ST, CH and DC) first familiarised themselves with the data by reading and re-reading the responses, and then identified a list of codes denoting the main features. The data were then coded by one researcher (ST) and reviewed again for overarching themes by all three researchers.   Revisions were continued until all codes were included in a coherent pattern within each theme, with any discrepancies in interpretation resolved through discussion. Exemplar quotes were chosen to illustrate each theme.

Ethics

Ethical permission for the study was received from a National Research Ethics Committee (14/NW/1425). Additional local authority research governance procedures were followed. The study was approved by ADASS (ref RG15-019) and supported by the ADASS Care and Justice Network.

Findings

Sample characteristics

Responses were received from 88 of the 152 local authorities with social services responsibilities in England (Table 1). This constituted a 58 per cent response rate, comprising 81 per cent of authorities with prisons in their area and 43 per cent of authorities without prisons.   Respondents in authorities containing prisons were mostly prison team managers, service commissioners or senior social workers; respondents in authorities without prisons were predominantly adult and community service managers and Care Act/policy leads. No significant differences were found between non-responding and responding authorities with respect to geographical area or the number and types of prisons therein except that authorities with no prisons were lower respondents.   In some cases, these authorities, lacking the responsibilities associated with the presence of a prison, saw the work as not relevant.

Table 1. Social care for people on release from prison: Key responses

	Authorities with prisons in their locality (max n 59)	Authorities without prisons in their locality (max n 93)	All authorities (max n 152)
Number of respondents	48	40	88
Main reported sources of referrals of people with social care needs on release from prison[1]			
Prison officers	14	10	24
Prison healthcare staff	13	3	16
Probation services	9	14	23
MAPPA / discharge meetings	5	6	11
Local authorities' views on how well the transfer of assessments between authorities was working[2]			
Very well	3	3	6
Fairly well	25	24	49
Not very well	8	6	14
Not at all well	1	-	1

[1] In addition to referrals from social work staff in other authorities
[2] 13 authorities had no experience of this process and did not comment; five did not answer this question at all

Identification of people with social care needs on or following release

Local authorities with prisons in their catchment area

Asked how they identified prisoners with social care needs on or following release, perhaps unsurprisingly, authorities with prisons in their localities gave more detailed responses than those without. A significant minority of respondents indicated that their systems were provisional or under development, with further work required:

Work is still in progress around improving release planning (Authority 49).

i) The prison staff, healthcare staff, social workers and probation are able to identify but work needs to be done to make this more robust. Currently looking at developing a multi-agency protocol in area for this purpose. ii) referral to intake and duty teams from usually the social worker again this needs to be more robust (Authority 52).

The significance of having a prison in their catchment area varied depending upon the nature of prison(s) therein. Whereas authorities that contained resettlement prisons already had considerable experience of the release-planning process, one (Authority 99) noted its prison was a dispersal prison, with prisoners ultimately serving their sentence elsewhere, and no-one was released directly into the community.

Where prisoners had been identified as having social care needs during their prison stay (e.g. through reception screening), and were receiving a commissioned care package, arrangements appeared to be working reasonably well. Typically, the prison social worker liaised with the relevant neighbourhood team (including teams in other authorities) to identify ongoing care requirements and implement these prior to release. In one authority (Authority 33) prison social workers followed the prisoner into the community if they stayed in the same local authority and undertook the first review, but this seemed to be unusual:

Where social care needs are being met prior to release the social worker or OT will undertake a review/reassessment to ensure any identified needs once back in the community are considered and addressed as appropriate. Liaison will be undertaken with other professionals/agencies as required (Authority 115).

… at the time of screening assessment we ask the prisoner if they are willing to consent for information sharing with identified organisations... we then work with appropriate agencies to share information and ensure continuity of care is in place… (Authority 47)

There was, however, little evidence that systematic arrangements were present to identify people whose social care needs had previously been met by the prison regime or who, might have needs within the community, with most authorities relying on professionals from other agencies to refer such clients. Referrals from prison, prison healthcare and probation staff were most frequently mentioned (Table 1), often via attendance at discharge, offender management, complex case and MAPPA (Multi-Agency Public Protection Arrangements) meetings. However, other sources of referrals included legal services, Approved Premises, mental health services and GPs:

Prisoners with social care needs who are approaching release are usually identified via the prison healthcare staff or probation… (Authority 143).

X is receiving referrals for prisoners being released from solicitors, CRC and Prison staff (Authority 48).

Where an individual was released into the authority from a prison elsewhere, the referral was generally handled by the receiving authority's central/duty/ neighbourhood team. This was irrespective of whether the person had already been identified as having social care needs while they were in prison. However, in one case (Authority 39), the local prison team acted as the single point of contact for prisoners moving into the authority. Clearly, some referrals were being received subsequent to release:

If the prisoner has been identified as having needs whilst in prison this is working well and the prison social worker has liaised with our relevant neighbourhood team to identify ongoing care requirements & have these in place prior to release. If the care needs have not been identified whilst in prison then a referral needs to be made to our Neighbourhood social work team by contacting our 24-hour call centre Careline (Authority 57).

Prison based SW would identify case before release. After release needs/assessment would come through our Customer Services Centre in the normal way (Authority 100).

Local authorities without prisons in their catchment area

Local authorities without prisons generally painted a more negative picture of the release process, with several noting that the only prisoners they were able to identify were those who were already known and with whom they had remained in contact. The following response was typical:

Currently our only method of identifying prisoners is when they are a customer already known to our service and we stay 'connected' so that on release, if there are any social care needs we can plan and support as necessary (Authority 18).

Otherwise, they again relied on other agencies to identify and refer appropriate prisoners to them:

We rely on information from probation service or social care service area from which the prisoner is moving. We don't have access to information on prison populations and their social care needs (Authority 27).

As in authorities containing prisons, in most cases, referrals were made to the authority's first contact/access team, from where they were allocated to the most appropriate team, like any other referral. However, one authority (Authority 140) had established regular meetings with the local probation service to identify potential referrals; another (Authority 101) had specific arrangements to identify prisoners with social care needs discharged to approved premises in its area; and still others stated that their community mental health teams (integrated health and social care teams) took most referrals:

Mental Health Service receive 2 or 3 referrals per year from either the prison or probation services. Older people referrals are much rarer (Authority 120).

Several authorities suspected that given the low number of referrals they received, prisoners with social care needs were being released into their area without their knowledge, and three provided examples.

The transfer of prisoner assessments between authorities

Eighty-three authorities responded to a question asking about the transfer of prisoner assessments between authorities (Table 1). Of these, thirteen had not yet had any experience of this process and a further seven only had limited experience, perhaps reflecting the survey being in the first year after the introduction of the Act:

This hasn't been tested in practice by us referring to other local authorities and we haven't received any referrals from other authorities (Authority 3).

In my experience, there have been no difficulties in contacting other local authorities to share assessments on the few occasions that this has been necessary. However… it has been a learning process of who to communicate with and understanding the different processes within the prisons, alongside different local authority processes (Authority 99).

Of the 70 authorities with experience of transferring assessments, 55 (79%) considered the process was working fairly or very well, with no significant difference between authorities with or without prisons. However, local authorities with prisons in their catchment area (with experience of 'transferring out' as well as 'receiving' assessments) raised more concerns.

Transferring assessments: the 'transferring out' authority perspective

Of the 48 authorities with prisons, 17 (34%) reported some difficulties transferring assessments to other authorities when prisoners were released. The most cited problem (n=9) related to other authorities' reluctance (or refusal) to take responsibility for a prisoner released to their area or establishing ordinary residence, with cost being a common cause:

.... Some local authorities have refused to accept responsibility for prisoners who have elected to become residents.... A number of local authorities with no prisons in their area appear unclear about their duties and responsibilities towards prisoners who may legitimately be released into their home area (Authority 36).

Establishing responsibility for a prisoner from another Local Authority when it comes to paying for services when they are released (Authority 53).

In other cases, the problem was not so much the receiving authority's reluctance to accept responsibility for a prisoner, but the late date of referral, precluding a smooth transfer:

.... The problems relate to local authorities not accepting the cases in a timely manner so they are referred with three to four months prior to a parole hearing/release but not accepted until at times the day before or on that day (Authority 52).

Over and above this, one authority (Authority 37) expressed frustration that Approved Premises would not accept a prisoner without an assessment, but would not conduct an assessment until they were released, whilst others reported problems establishing appropriate contacts:

As not all authorities have a Single Point of Contact approach and there is no database available of who/which team is responsible for prison Care Act issues, it is difficult to know who to send assessments etc to when prisoners are transferred (Authority 39).

Transferring assessments: the receiving authority perspective

Relatively few local authorities with prisons in their catchment area reported problems in receiving assessments for prisoners moving into their authority (n=5). However, 13 of the 40 authorities without prisons in their area described such difficulties.

Reflecting concerns about timely referrals, too short a time frame in which to complete/respond to assessments was the most cited problem (n=11):

Timeframe of when care and support needs to be pick up (sic) and lack of planning prior to moving into the borough can be difficult to manage (Authority 77).

…. the short timescales of information being provided…. to the authority in preparation for an individual's release to the community has provided challenges. This has …. had a direct consequence to the provision required to support the individual being available at release. (Authority 29).

In at least one case, no assessment at all was received:

We did not receive a prisoner assessment… There was no communication with the prison service or probation service that someone with housing and social care needs was returning to the area – the person was brought to the council buildings (Authority 11).

The probation/social care interface

Eighty-three authorities provided information on their working arrangements with probation and linked services. In several instances, these included developing new ways of joint working to meet the Act's requirements:

The CRC have been closely involved in the development of the process in prison X and the service works closely with offender managers to ensure they are involved. (Authority 39)

If prisoners are due for release and are known to Probation, they are invited to attend social care reviews as part of multi-disciplinary working. Social Care assessments are shared with Probation services. Information sharing and communication with probation in X is proactive… (Authority 143).

However, there was some indication that further work was needed to develop the relationship between probation and social care services, with nine authorities describing this as work in progress and three looking to change/develop their practice:

So far we have only worked with the Offender Management Units in the two prisons. Engagement by Probation at a strategic level has yet to happen. (Authority 55)

There is more to do here (Authority 32)

That said, as noted above, most authorities already had regular contact with the probation service through joint attendance at MAPPA or adult safeguarding meetings and valued their probation colleagues and local providers, including Approved Premises:

… we do have very well established partnership arrangements with both our prison probation and CRC partners and their equivalents in the community. This works across Parole Boards / MAPPA and the Prevent strategy (Authority 110).

Locally the partnership between social care and NPS/CRC is very strong (Authority 124).

We have set up clear processes and referral arrangements between the AP and our Adult Contact Team, have conducted numerous assessments in the AP, provide equipment to prisoners in the AP, provide reablement services to prisoners in the AP, and are about to provide our first ongoing care service (via a private provider) in the AP. We meet regularly to agree information-sharing protocols, secure data transfer mechanisms, policies and procedures, risk assessment tools, roles and responsibilities. (Authority 101).

Not all authorities had had such a positive experience, however, with others reporting problems engaging probation staff:

We... find that probation service does not always inform us of the risks and (sic) not available to take part in professional meetings... (Authority 77).

The link social worker to the prison has struggled to identify and engage with the probation service and other relevant professionals involved. (Authority 115).

Discussion

The need for evidence on the impact of the Care Act has been identified as one of the top ten priorities for adult social work research (James Lind Alliance, 2018). However, systematic information on the implementation of the Act and its effect on practice remains sparse. Against this background, this paper provides a unique insight into the early practice arrangements local authorities in England had established to meet the social care needs of people on release from prison in the first year following the introduction of the Act. In comparison with the provision of social care for people in custody itself embryonic, Tucker et al., 2017; Lee et al., 2019), arrangements for people upon release appeared generally less well developed. Where people were identified as having social care needs during their time in prison, arrangements appeared to be working reasonably well. However, identifying those needing social care and support on release seemed more ad hoc. Approximately three-quarters of authorities with experience of transferring assessments between areas considered this worked fairly or very well. Nonetheless, a significant minority reported difficulties with insufficient notification, identifying contacts or establishing ordinary residence. Although most authorities had positive working relationships with probation service colleagues there remained problems establishing appropriate contacts. Indeed, it was not clear that all authorities understood their new responsibilities. Here we explore some of the implications of these findings and how they might be addressed.

The identification of people with social care needs on or following release

Arrangements for the release of prisoners with social care needs appeared to work best when the individual was not only already known to the local authority within whose area the discharging prison was located, but also received a commissioned care package in prison. However, many other prisoners with social care needs were being released into the community without the care and support they needed to manage in the wider society. Previous work suggested that many local authorities had delegated responsibility for identifying prisoners with social care needs to prison health care staff, whilst systematic attempts to identify people who developed social care needs during the course of their prison stay were rare (Tucker et al., 2017). The present study indicates that systematic arrangements to identify people in need of social care and support on release to the community were also lacking, with many authorities relying on health and prison care staff to identify and refer such individuals, or prisoners to self-refer. The consequences of failing to identify the need for support in a population with particularly complex needs are serious and potentially costly.

Earlier work (Tucker et al., 2017) suggested that many authorities have chosen to employ limited social care resources on specialist social care assessments - a key role for social workers, noted in the Act's guidance (Manthorpe, 2020). However, if non-social care staff are to identify those with social care needs (which might be time efficient) careful thought needs to be given to the screening tools used, and staff supported by a training programme since their understanding of social care may not match that envisaged by the Act. Additionally, the new key worker system introduced as part of the Offender Management in Custody Model (MoJ and HMPPS, 2018) may enable prison officers to identify individuals needing support on release. However, these staff will also need context-specific training, whilst for the system to be effective, prison officers will need the time to build trusting, positive relationships with prisoners. This is not only outside local authorities' control, but potentially made more difficult by growing use of resettlement prisons before release.

Transfer of prisoner assessments between authorities

Whilst the Act sought to ensure continuity of care for people released from prison, such transitions are typically complicated, with multiple stages and stakeholders (Pearsall et al., 2013; Anderson, 2017). Indeed, there are several points in the care pathway where problems may arise, not least when assessments are transferred between authorities. In a survey conducted by the Association of Directors of Adult Social Services (Anderson, 2017) continuity of care and support on resettlement generated the most unknown responses, whilst concerns were raised about the tardiness of receiving councils to accept their responsibilities and difficulties accessing resources.

According to the 2018 Thematic Report on Social Care in Prisons, most areas now have Memoranda of Understanding in place between the prison establishment and local authority detailing the procedures required to ensure prisoners' support needs are addressed on transfer. However, the report also found that the necessary information was not being provided and that more was required to ensure continuity of care (HMIP and CQC, 2018). Use of electronic data has the potential to make data sharing easier. However, this requires appropriate and shared IT systems and protocols and although there is currently an initiative to link prison and community health data, this does not extend to social care data (NHS Digital, 2020).

Possible solutions include each authority having a single point of contact for the receipt of information about people moving into their area on release; the introduction of clear timescales for referrals and responses; and the publication on the Ministry of Justice website of consistent information as to which local authority area each prison is based (Courtney and Speight, 2018). However, other tensions remain. Whilst the aims of the Act clearly necessitated investment in social care staff and infrastructure, during the first year of implementation services were already said to be reaching breaking point (Whittington, 2016). Hence, the reluctance of some authorities to accept responsibility for people who require care

and support released from prisons in other areas, possibly leading to costs and problems borne elsewhere or later.

With the additional responsibilities placed on local authorities by the Homeless Reduction Act (2017), the need to improve the transfer of assessments seems imperative. According to the Ministry of Justice (2018), as many as 16% of prisoners were rough sleeping or 'other homeless' on release in 2017/18, with a further 11% released to 'other unsettled accommodation' (excluding London). Identifying suitable accommodation poses particular challenges for certain groups of ex-prisoners. These include sex-offenders or people requiring care home placement, especially if leaving the releasing authority's area (HMIP and CQC, 2018; Ministry of Housing, Communities and Local Government, 2018; Ministry of Housing, Communities and Local Government and MoJ, 2019). In this context, the recommendation from the Farmer Review (2017), that prisoners moved out of area should be repatriated at the earliest opportunity to the prison region of their family and local community, could potentially reduce the number of transfers between authorities.

The probation/social care interface

Even with improved needs identification procedures, it is unlikely that assessments conducted within prisons could fully anticipate people's social care needs after release into the community. Good relationships with other agencies such as the probation service will be required. In this context, it is encouraging that respondents generally reported positive experiences of joint working with probation, particularly given the pressure services have recently faced. Indeed, where links with probation were said to be less than effective, this may be attributable to the difficulties these services have experienced in recent years (Beard, 2019). Reduced numbers of probation professionals and loss of experienced staff has undermined the critical relationship between the prisoner and probation worker (HM Inspectorate of Probation, 2019), but has also potentially reduced capacity to engage in cross-agency work and strategic planning. Further reform of probation services (HMPPS, 2019) is due with all offender management transferred to the National Probation Service in 2021, with a focus on

'vulnerable offenders.' A less fragmented system may allow more straightforward and effective communication between local authorities and probation services, albeit it will be important that this is resourced appropriately.

Whilst differing understandings of social care within prisons may impede joint working between social and health care staff, within the community social care practitioners may experience further challenges in working with probation colleagues. Raynor and Vanstone (2016) note that for most of the twentieth century, probation in the UK was a social work enterprise. However, it has more latterly had a very different identity, with a focus on offender management and the reduction of risk. Indeed, for more than a decade, the training of probation officers has been completely separate from social work training (Golightly and Holloway, 2016). The reciprocal duty for local authorities to work in partnership with other agencies to meet care and support needs set out in the Act should, in theory, create new opportunities to improve support for offenders with multiple needs, but as yet it is not clear how much leverage such duties impose (Braye and Preston-Shoot, 2020). Similarly, although recent developments in England (including Sustainability and Transformation Partnerships, Integrated Care Systems and devolution) have sought to bring health and social care planning together (Walshe et al., 2018; Charles et al., 2019; NHS England 2020; Department of Health and Social Care, 2021), the effect of these arrangements on frontline practice are not yet clear. However, the staff emerging in new roles in prison social care could pave the way for a stronger specialty in Forensic Social Work (Bogg and Barcham, 2016) as has developed in the USA (Brownell and Roberts, 2002; Sheehan, 2012).

Methodological considerations

The data reported here relate to the provision of social care for people leaving prison in the year following the introduction of the Care Act. Clearly systems and processes are developing as local authorities accrue experience. Nonetheless, there is value in mapping these early developments (Braye

and Preston-Shoot, 2020), whilst in offering a cross-section of early practice, the findings provide an important baseline against which changes here and in other countries can be compared.

One limitation of this study is that it only reports local authorities' perspective of care provision and lacks the voices of those who need social care on release from prison. Further, given that most respondents worked in adult social care, the results may not represent social care staff working in prison mental health or learning disabilities teams. This reflects the complex nature of the prison system with varied agencies and differing referral pathways. Whilst the 58% response rate gives confidence in representativeness, there was a higher response from authorities with prisons co-located (81%) who appeared to see the survey as more relevant to their concerns.

Conclusions

Longstanding concerns about the provision of social care for prisoners include the lack of support for people on release. Whilst the 2014 Care Act clarified local authorities' responsibilities, little has been reported about their implementation. This paper provides important information on the procedures established to identify people with likely social care needs upon release, ensure continuity of care through the transfer of assessments, and work with probation service colleagues. As such, it complements previous work on social care provision for people in custody (Tucker et al., 2017) and extends this to consider the challenges authorities face upon people's release.

Perhaps unsurprisingly, many local authorities were still developing care and support arrangements for people discharged from custody. Indeed, compared with arrangements for people in prison, (Tucker et al., 2017), relatively little attention appeared to have been given to those discharged. Key themes included a lack of active case finding, with reliance on referrals from other agencies for people with unidentified social care needs whilst within prison; difficulties transferring assessments

and information between authorities (possibly not all authorities understood their new duties); and problems with care planning and co-ordination with other agencies (although most were positive about probation colleagues). As such, whilst some problems appeared to be resource-based, others concerned working practices with multiple partners to meet needs.

Current work involves a new survey to identify subsequent developments, with future work planned on the impact of new arrangements on prisoners' social care outcomes. However, creating the social and economic conditions required to promote prisoner wellbeing in the longer-term, requires politicians and policy-makers to address wider structural determinants of crime (Whittington 2016; Sturup-Toft et al, 2018), whilst the debate about social care itself will continue, including the appropriateness of the current eligibility criteria and the extent to which the focus on the needs and wellbeing of individuals has relegated consideration of the need for more collective approaches to the provision of social care (Lalor and Share, 2009; Lymberry, 2012; Needham, 2013).

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