Healthcare in Prisons - Call for Evidence

Response from the Criminal Justice Voluntary Sector Forum

February 2017

Introduction

We welcome the opportunity to respond to this Call for Evidence and trust that our input will be of use and interest to the Committee. Our response has been developed through gathering the views of our members, drawing on their experience of working closely with people in prison and leaving prison, and their families.

We welcome this inquiry. Our members recognise the challenges presented by a large and diverse prison population and its commensurate potentially complex health and social care needs, both while in custody and upon release.

About CJVSF

The Criminal Justice Voluntary Sector Forum (CJVSF) is a collaboration of voluntary sector organisations working in the field of criminal justice. CJVSF aims to:

- Support voluntary sector providers to continuously improve their own criminal justice services through collaboration and sharing of good practice
- Assist voluntary sector providers to understand, navigate and influence the complex and changing environment in which they operate
- Promote broader awareness of the activities, value and impact of Third Sector services within criminal justice.

CJVSF is hosted by the Coalition of Care and Support Providers in Scotland (CCPS) and receives financial support from The Robertson Trust and The Monument Trust. Further information about the Forum can be found on our website.

---

1 A list of our current members can be found at: [http://www.ccpscotland.org/cjvsf/cjvsf/cjvsf-members/](http://www.ccpscotland.org/cjvsf/cjvsf/cjvsf-members/)

2 [http://www.ccpscotland.org/cjvsf/](http://www.ccpscotland.org/cjvsf/)
CALL FOR EVIDENCE QUESTIONS

Question 1: What do you consider are the current pressures on health and social care provision in prisons?

CJVSF members identify multiple pressures on health and social care provision in prisons, from a range of factors. In brief summary, the below key factors were identified – please see below for some further discussion of some of the key points:

- Large and diverse prison population with multiple and varied needs
- Increasing age profile
- Poorer health than general population
- Complexities for external partners working in the prison estate (physical, technological, resources etc)
- Varied prison estate, e.g. new and old buildings, varying levels of adaptability
- Level of health staffing not commensurate with need
- Prison staff and fellow prisoners acting as defacto carers, but without appropriate training or equipment to provide support, or to identify spectrum of health and social care needs and in turn appropriate responses
- Lack of connection between prison and community services for purposes of assessment or care provision
- Lack of continuity and communication for release
- Inadequate provision for mental health needs

Frequently acknowledged but never wholly addressed is the additional need arising from an aging prison population. Longer sentences, custodial sentences for historical offences, and increasing rates of imprisonment overall mean that in addition to the prison population being considerably larger than historically was the case, it is also significantly older. Prisoners in general are also more likely overall to have poorer physical and mental health than the wider population. These factors combined mean that prisons are currently experiencing greater pressures from health and social care needs than ever before, and this is unlikely to decrease in the near future.

The physical geography of the prison estate can mean it is ill-suited and inflexible for adaptations to accommodate basic needs arising from age, health or disability, even in the case of new and revamped prison establishments. For example, accessibility issues – in one example described by a CJVSF member, the new, more open prison buildings were identified by elderly prisoners with mobility issues or sight problems as challenging to navigate for fear of falling, due to wider hallways, slippery surfaces, and monochrome walls and floors limiting visual cues of the layout of the space.

As identified in the RCN report, the level of health and social care services available in prison in insufficient to respond to current levels of need. CJVSF members highlight that working in prison can be a challenge for external organisations who are not already engaged. Strategic

---

obstacles include difficulties in obtaining funding for services, identifying and responding to needs within prison, and developing relationships with prisons to enable access, while operational complexities can prove a barrier to assessing need and delivering support. Many third sector organisations are practiced in delivering services in a prison environment, however this is less the case for most organisations with specialisms in social care typically delivered to those with age- or disability-related needs in the community. This creates a fundamental barrier to the accessibility of appropriate social care services for the prisoners who need them.

An important part of this discussion is the relationship between health and social care provision in prison and the transition to that provided in the community upon release. CJVSF members report a significant disconnect in continuity of service provision, limited or absent joined-up approaches. On release, there can be a total cessation of badly needed health supports related to various issues including drug use, mental health issues, disability and more, which can rapidly have a significant and dangerous impact on the person at a time where they are at their most vulnerable. This leads to damaged short- and long-term health outcomes, and in some circumstances death. This continuity must be considered alongside any discussion of services delivered in custody.

**Question 2: How well do you consider that these pressures have been responded to?**

CJVSF members note that none of the issues detailed above are new or wholly unforeseen, yet the responses, including the transfer of the nurse-led prison healthcare service from the Scottish Prison Service to NHS Scotland, seem to have had little effect. In addition to the above, the RCN report highlights many known barriers to targeting and addressing the complex health needs of the prison population. However, though these challenges are clearly identified and future pressures anticipated, it seems that any targeted response has been limited in its impact. Fundamental issues persist; for example, waiting times are high, and access to basic services is limited. Service provision and continuity with community services remains inconsistent across the prison estate, and in particular there is no consistent access to specialist support services for various needs, for example dementia, gender-specific services, or mental health. The current experience of CJVSF members indicates that further reform to policy and practice is required to effect change and reduce health inequalities for prisoners.

**Question 3: To what extent do you believe that health inequalities are/ could be addressed in the prison healthcare system?**

Many of the areas identified above could and should be addressed with partnership working and changes to the way health and social care needs are considered and addressed in prison, with the potential to greatly improve health outcomes for prisoners. CJVSF members report several key areas that should be targeted to immediately address reduce health inequalities. These include:

- Increase in NHS staffing in prisons, and efficient links with specialist teams outside prison
- Gender-specific support for female prisoners
- Needs assessment performed upon entry to establishment, a care plan developed in consultation with appropriate professionals (including services from community-based external organisations as appropriate), and family members
- Requirements for adaptations identified and acted upon swiftly and efficiently, in consultation with specialists
- Agreed care plan to be delivered as quickly and efficiently as possible
- Approaching release, appropriate plans made with relevant local authority and community health and social care providers for continuity arrangements
- Continuity of arrangements to include consideration of other needs and consultation with the appropriate agencies, including housing, benefits, etc
- Address the disconnect between integration of health social care in Scotland and provision within the prison estate

CJVSF members highlighted that admission to custody provides an opportunity for joined-up health and social care services to carry out full and comprehensive assessments of one of the most vulnerable and disadvantaged populations in terms of health needs, respond to provide the care and support needed, and make reasonable adjustments to ensure that a prisoner’s rights are respected and their needs addressed. Any measures taken to address health and social care needs while in custody need to be made in consultation with families as well as a range of appropriate professionals, and the period of transition at release from custody into the community must actively supported and managed by the relevant services as part of ongoing care. Prison health and care teams need to liaise with community teams to provide this vital continuity of care.

**Question 4: What are the current barriers to using the prison healthcare system/ improve the health outcomes of the prison population?**

CJVSF members highlighted the below key barriers:

- Funding and resources, both for healthcare staff and external service providers, including sustainability of funding
- Delays in joining up services and professionals to provide a complete and coherent picture of an individual’s physical and mental health and care needs
- Restrictive eligibility criteria for services or support – particularly for services for mental health and drug use, crisis rather than prevention
- Lack of involvement of family members in identifying and addressing needs
- Lack of connectivity with community-based services
- Difficulty for external organisations not experienced in working in prisons to engage with SPS and NHS to potentially deliver much needed services
Question 5: Can you identify potential improvements to current services?

CJVSF members relay the following as key in improving current and future services:

- Appropriate increased NHS staffing levels and skills/specialisations to address the multivariate needs of the prison population
- Incorporate a preventative agenda into the provision of care, rather than being crisis-led
- Additional training and support for prison staff to help them identify needs and appropriate referral routes
- Care plans should be developed holistically with a range of professional partners to provide joined-up care taking into account multiple needs
- Involvement of families as appropriate, as commensurate with the Carer’s legislation
- A reflection of the National Standards for Health & Social Care in prison arrangements

Question 6: What do you think the main pressures will be in the next 15 years?

In spite of encouraging policy directions aimed at reducing the use of imprisonment, there are currently no signs that the use of imprisonment will actually be reduced and the resulting impact on prison numbers is unknown.

Given the ongoing trends for sentencing people to custody and for longer terms, combined with an increasing number of elderly people being sentenced for historical offences, the prison population will continue to age and present the commensurate complex health and social care needs. We also know that the prison population already has a higher proportion of people with disabilities and physical and mental health issues than the general population, and there is no reason to expect that to change. It seems reasonable to anticipate that even if the continuing trend for custodial sentences and longer sentences plateaus, the prison population will continue to present increasing challenges for health and social care.

The RCN report identifies the continuing pressures on the prison system’s healthcare arrangements. These pressures, and those described above, are not going to change without action from SPS and the NHS, in collaboration and proactive engagement will all stakeholders in community justice and health and social care.

From a human rights perspective, the state has a duty to ensure that individuals with health and social care needs are appropriately cared for while in prison custody, with dignity and respect.