



Social care in prisons in England and Wales

A thematic report

October 2018

Glossary of terms

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This thematic has been jointly undertaken by HM Inspectorate of Prisons (HMI Prisons) and the Care Quality Commission (CQC). CQC is the independent regulator of health and adult social care in England. It monitors, inspects and regulates services to make sure they meet fundamental standards of quality and safety. For information on CQC's standards of care and the action it takes to improve services, please visit: <http://www.cqc.org.uk>. Since 2015 the inspection of health and social care services has been jointly undertaken by CQC and HMI Prisons. Care Inspectorate Wales (CIW), the independent regulator of social care and child care in Wales, contributed to the inspection fieldwork undertaken in Welsh prisons.

Introduction

Even the most psychologically robust and able-bodied man or woman finds being imprisoned to be a disturbing experience. And for those men and women who are imprisoned, but who need assistance with their social or personal care, it is especially challenging and daunting. Prisons were designed to accommodate physically fit and mentally stable individuals, with prison life being arranged to address the needs of the many. Prisoners with social care needs – unable to fully care for themselves, needing help in getting around the prison or in participating socially – are at a significant disadvantage.

Thankfully, the difficulties facing men and women with social care needs imprisoned in England and Wales were recognised by respective Westminster and Welsh governments. Legislation was enacted to enable the prisons and local authorities to provide a response. This, our joint review of social care in prisons has been undertaken to identify the state of developments in prisons following the introduction of new social care services to prisoners.

The review has identified several developments that are good practice in the social care of prisoners. However, there continue to be wide variations between social care services in prisons, so that as yet they are neither equitable nor consistent. Gaps remain in provision of services in English prisons. Gaps also remain in the provision of support for those prisoners requiring assistance with personal care who do not meet the eligibility threshold for social care. There are clear signs that the disparity in services between prisons is disadvantaging prisoners in their ability to be rehabilitated, because transfers to suitable establishments cannot be effected when receiving prisons are unable to offer services that can adequately respond to the individual's social care needs.

We are also concerned that developments in social care in prisons are only related to current need. We are not convinced that there is adequate consideration of what will be required in the very near future, such as the obvious needs that will flow from the projected growth in the older prisoner population. This, in our view, represents a serious and obvious defect in strategic planning.

We hope that this review will provide prisons and local authorities in England and Wales with ideas to better develop their approaches in delivering personal and social care to men and women in prisons. Additionally, we hope that the review will stimulate strategic thinking and service development, so that our concern about social care in prisons in the future proves to be unfounded.

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September 2018

Section 1. Key findings and recommendations

To the Secretary of State for Justice

Strategic planning

- 1.1** There is no comprehensive national strategy for the provision of social care in prisons. Without such a strategy it is hard to see how the requirements arising from local prison assessments of social care needs and the projected growth in groups likely to require help with those needs will be met.

Recommendation

- 1.2** **The Secretary of State for Justice should lead coordination of cross-governmental work to develop a strategy for delivering social care in prisons in England and Wales.**

To prison governors/directors

Leadership and management

- 1.3** Where prisons established good working arrangements with local authorities early on there was evidence that social care services within prisons developed, or could develop, well. Some of this generated good practice. Crucial to this process was the development of a memorandum of understanding (MOU) between the prison and local authority and ongoing joint working. In too many prisons there was no clear responsibility for delivering social care and in others there was no MOU to support the development or delivery of services.

Recommendation

- 1.4** **All prisons and local authorities in England and Wales should develop an MOU, in line with existing policy, and ongoing joint working arrangements with their local authority to ensure that the social care needs of prisoners are met.**

Identification of need and assessment

- 1.5** Screening of prisoners' social care needs was not sophisticated or robust enough to pick up every need. We were not satisfied that all prisoners with social care needs were identified, either at reception or during their time in custody. We were also not convinced that all establishments, or indeed prisoners, knew that prisoners could self-refer or be referred by family, friends or legal representatives with their consent. While we found some examples of good practice in screening, this was not universal, which could mean that social care needs were unmet.

Recommendation

- 1.6 All prisons and local authorities should implement prompt, ongoing and effective systems for identifying the social care needs of prisoners throughout their stay in prison, which should include the ability of prisoners to self-refer. This process should begin at reception.**

Care planning and delivery

- 1.7** There was wide variation in the delivery of social care packages. In effect a ‘postcode lottery’ operated where prisoners could receive a poor, satisfactory or very good service based on which prison they were sent to (for example, they could not choose which social care provider they used, and in some prisons could not self-refer to the local authority). As such, prisoners received inequitable social care support in prisons.
- 1.8** In a number of prisons the provision of social care by competent peer support workers was very good and well supervised, but in some places we were not assured that peer support workers were appropriately trained, supervised or monitored. This placed peer supporters, and the prisoners they supported, at considerable risk.

Recommendations

- 1.9 The social care support needs of prisoners should be met from the moment a need is identified. Prisoners should not be subject to administrative delays or unnecessarily lengthy processes.**
- 1.10 In line with existing policy, any prisoner providing social care support to another prisoner should be appropriately selected, trained and supervised.**

Adapting the environment for social care

- 1.11** Older prisons, and in some instances new prisons, had great difficulty making physical adaptations to support the needs of every prisoner with social care needs.

Recommendations

- 1.12 All prisons should make reasonable and appropriate physical adaptations to promptly meet the social care needs of prisoners.**
- 1.13 Those prisons unable to provide appropriate physical environments suitable for social care should have arrangements in place to transfer prisoners to appropriate establishments which can quickly meet their needs.**

Continuity of packages of care

- 1.14** Most social care providers anticipated the need for transitional arrangements for prisoners being transferred or released, with some notable good practice. However, some providers found it difficult to transfer prisoners to receiving establishments which could offer a similar

level of care, and we saw evidence of failed transfers where the needs of the prisoner could not be met at the receiving prison.

Recommendation

- I.15 Prisons and local authorities should ensure that processes are in place for the smooth transfer of prisoners with packages of social care to other establishments and on release into the community. This should include effective information sharing.**

Section 2. Background

- 2.1** Under the terms of the Care Act 2014, and the Social Services and Well-Being (Wales) Act 2014, local authorities have a legal obligation to assess the need for and provide social care to people whose needs make them eligible to receive it. Social care services should provide the necessary support to individuals who are unable to partially or fully care for themselves, to the extent that it impacts on their well-being. Care needs can be physical or arise from mental impairment. The obligation placed on local authorities also applies to those in need of social care in prisons, so that prisoners are entitled to have access to the equivalent care provision as someone in the community.¹
- 2.2** The increasing prison population, coupled with longer sentences and sentences being given for historic offences, have contributed to its reshaping. As at December 2017, the number of people in prison aged 50 and over was 13,522, representing 16% of the total adult prison population (those aged over 18).² Projections indicate that the number of people aged 50 and over held in custodial settings is likely to increase.³ As such, needs are changing, impacting provisions and raising questions about the suitability and training of staff to care for an increasingly older population.^{4,5}
- 2.3** Various studies use different benchmarks to define old age in custodial settings, but it is widely accepted that what is considered old age in prisons differs from that in the community.^{6,7,8} According to several reports, prisoners experience a faster ageing process due to a wide range of factors which occur both during the prison sentence and prior to detention.^{9,10} Prison itself is considered to be an environment which can give rise to the development of physical and mental impairments.¹¹ In addition, prisoners' mental and physical health are widely recognised as poorer than the wider population.¹² For the purpose of this thematic, as well as its inspections, HMI Prisons uses the age of 50 as a benchmark for defining 'old age' in prisons.
- 2.4** Dealing with frailty is part of this challenge. Frailty reduces a person's ability to thrive in the event of a deterioration in health or a challenge, such as entering a prison environment. The British Geriatric Society defines frailty as a 'distinctive health state related to the ageing

¹ Care Act 2014, c. 23. Available at <<https://www.legislation.gov.uk/ukpga/2014/23/contents>> accessed 5 September 2018.

² Ministry of Justice, 2018. *Offender management statistics quarterly October to December 2017*. Available at <<https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2017>> accessed 5 September 2018.

³ Ministry of Justice, 2017. *Prison Population Projections 2017 to 2022, England and Wales*. Available at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/639801/prison-population-projections-2017-2022.pdf> accessed 5 September 2018.

⁴ Turner, J. M. (2016). 'Improving palliative care for prisoners: the 'both sides of the fence' study'. *Prison Service Journal*, (224).

⁵ Peacock, M., Turner, M., & Varey, S. (2017). "We Call it Jail Craft": The Erosion of the Protective Discourses Drawn on by Prison Officers Dealing with Ageing and Dying Prisoners in the Neoliberal, Carceral System'. *Sociology*.

⁶ Enggist, S., Møller, L., Galea, G., & Udesen, C. (Eds.). (2014). *Prisons and Health*. Copenhagen: WHO Regional Office for Europe.

⁷ Fazel, S., Hope, T., O'Donnell, I., & Jacoby, R. (2004). 'Unmet treatment needs of older prisoners: a primary care survey'. *Age and Ageing*, 33(4), 396-398.

⁸ Hayes, A. J., Burns, A., Turnbull, P., & Shaw, J. J. (2012). 'The health and social needs of older male prisoners'. *International Journal of Geriatric Psychiatry*, 27(11), 1,155-1,162.

⁹ Enggist, S., Møller, L., Galea, G., & Udesen, C. (Eds.). (2014). *Prisons and Health*. Copenhagen: WHO Regional Office for Europe.

¹⁰ Di Lorito, C., Völlm, B., & Denning, T. (2018). 'The individual experience of ageing prisoners: systematic review and meta-synthesis through a Good Lives Model framework'. *International Journal of Geriatric Psychiatry*, 33(2), 252-262.

¹¹ Enggist, S., Møller, L., Galea, G., & Udesen, C. (Eds.). (2014). *Prisons and Health*. Copenhagen: WHO Regional Office for Europe.

¹² Ibid.

process, in which multiple body systems gradually lose their inbuilt reserves'.¹³ In the general population, it estimates that around 10% of those aged over 65 years have frailty, rising to 25–50% of those over 85.

- 2.5** The number of prisoners with dementia is a further concern. In the general population, dementia affects around 5% of those aged over 65 and 20% of those over 80. The prevalence of dementia in the prison setting is largely unknown and dementia may not be detected.¹⁴
- 2.6** The aging population within prisons, coupled within increasing frailty and incidence of dementia, has accelerated the need for prisons to address social care needs.
- 2.7** In addition, a significant proportion of prisoners also have learning disabilities, autism, mental health disorders or difficulties which may also inhibit their ability to cope with life in prison.

Prior to the Care Act 2014 and the Social Services and Well-Being (Wales) Act 2014

- 2.8** Before the Care Act 2014, and the Social Services and Well-Being (Wales) Act 2014 were enacted, it was unclear who was responsible for providing social care and support services for prisoners and, as a result, care provisions in prisons were deemed to be mostly lacking.¹⁵

HMI Prisons inspections before the implementation of the Act

- 2.9** This section focuses on HMI Prisons' reports of prisons inspected before April 2015, when the Care Act came into force, and it considers the extent to which social care was being delivered. The Social Services and Well-Being (Wales) Act was not implemented until April 2016.
- 2.10** As part of its inspections, HMI Prisons makes recommendations to the establishments it visits. In inspections from November 2013 until March 2015, HMI Prisons made a number of recommendations related to social care. Most of these were concerned with developing provisions to meet the needs of disabled and older prisoners, as well as having a paid carer scheme in place and appropriate professional staff to deal with the needs of that population.
- 2.11** The identification of prisoners with social care needs was a key area for improvement. Inspectors found this to be the case at HMP Wakefield (2014), HMP Durham (2013) and HMP Thameside (2014).
- 2.12** At several prisons inspected between 2013 and 2014, inspectors found that care plans did not exist for those who needed them and recommended that plans for older and/or physically disabled prisoners should be put in place. For example, at HMP Brixton in 2014, care planning was deemed inadequate – only two prisoners with disabilities had care plans, but these were not available on wing files and staff we spoke to were unaware of the plans. Similarly, at HMP Ranby in 2014, inspectors found that only a minority of the prisoners who needed a multidisciplinary care plan had one and the plans were not always shared with wing staff. We reported that as a result some prisoners felt that their needs were not being met.

¹³ British Geriatric Society (2014). *Fit for Frailty Part 1*.

¹⁴ Mental Health Foundation (2013). *Losing track of time*.

¹⁵ O'Hara, K., Forsyth, K., Senior, J., Stevenson, C., Hayes, A., Challis, D., & Shaw, J. (2015). "Social Services will not touch us with a barge pole": social care provision for older prisoners'. *The Journal of Forensic Psychiatry & Psychology*, 26(2), 275-281.

In addition, inspectors recommended that care plans should be put in place for those with mental health needs at HMP Preston (2014) and HMP Portland (2014).

- 2.13** Other recommendations concerned the lack of prisoner involvement in their care plans. This was evident at inspections of HMP Long Lartin (2014), HMP Bedford (2014), HMP Durham (2013) and HMP Hull (2014). It was recommended that, where appropriate, prisoners should be consulted about their care plans and daily needs.
- 2.14** At HMP Manchester in 2014, inspectors found that prisoners with acute social care needs could not be adequately managed in the prison. At HMP Northumberland in 2014, inspectors discovered a prisoner with severe social care needs inappropriately receiving personal and social care from a paid prisoner carer, with no safeguards in place. Inspectors recommended that personal and social care for prisoners should be provided by appropriate professional staff. Similarly, at HMP Guys Marsh in 2014 and HMP Oakwood in 2014, inspectors found examples of prisoners helping other prisoners with social care duties which were beyond their remit, such as giving medication, without having checks in place. At the 2014 inspection of HMP & YOI Styal, HMI Prisons highlighted as good practice the fact that the prison had employed professional carers to ensure that the personal and physical needs of women were being met.
- 2.15** Some prisons did not have a paid carer scheme in place and therefore no regular support services were available to those who needed them. The lack of such a scheme meant that a prisoner at HMP Preston had to rely on friends for help with cell cleaning and accessing activities and outside areas. At HMP Foston Hall (2014), women with disabilities were not formally assisted by a paid carer. Inspectors were told there was an informal buddy scheme, but none of the women in need were aware of it. As such, some older and disabled women could not attend education or offending behaviour courses taking place on the second floor.
- 2.16** Inspection reports also referred to the need for care plans to be systematic and reviewed regularly. At HMP Wakefield in 2014, prisoners with disabilities had care plans developed on reception, but they were not reviewed while they were in custody. At HMP Belmarsh (2015), care plans were not used systematically and lacked targeted objectives.
- 2.17** Prisoners with physical disabilities should have personal evacuation and emergency plans (PEEPs) in place and staff on the wings should be aware of these. This was not the case at HMP Brixton in 2014, HMP Haverigg in 2014, HMP Garth in 2014 and HMP Thameside in 2014.
- 2.18** There should be robust discharge processes for prisoners with care needs and those individuals should be linked with appropriate support services in the community on release. This was not happening at HMP Hollesley Bay (2014), HMP Ranby (2014), HMP Winchester (2014) and HMP Wormwood Scrubs (2014), and inspectors recommended putting appropriate processes in place.
- 2.19** The Inspectorate also recommended that people with care needs should have the same access to education, offending behaviour programmes and activities as other prisoners, and should be provided with aids and adaptations to facilitate their independence. At HMP Belmarsh (2015), inspectors found that there were problems with ensuring that men with disabilities were provided with the right equipment. At HMP Wandsworth (2015), there were insufficient provisions for those with physical disabilities, and inspectors found that some disabled prisoners could not access certain parts of the prison and experienced delays in getting into the visits hall.
- 2.20** More positively, at 2015 inspections of HMPs Littlehey, Highdown and Peterborough inspectors found that the prison had put into place effective procedures and was well-prepared for the implementation of the Care Act.

After the Care Act 2014 and the Social Services and Well-Being (Wales) Act 2014

- 2.21** The introduction of the Care Act 2014 brought an increased understanding of where responsibilities lie and of the processes surrounding access to social care services.
- 2.22** The Act, which came into force in April 2015, makes it clear that the local authority is responsible for providing care services to people in custodial settings, or living in any other HM Prison and Probation Service (HMPPS) offender accommodation, such as approved premises. The local authority in which the prison is located, rather than the local authority in which the prisoner has lived in the community, is responsible for the provision of social care. The local authority in which the prison is located should be involved in all stages of the process, including assessment of care needs and delivery of care.
- 2.23** This legislation has impacted on 58 local authorities in England which have one or more prisons under their jurisdiction. The Care Act 2014 does not, however, cover Wales. The five local authorities in Wales which have one or more prisons under their jurisdiction are covered by a different piece of legislation, the Social Services and Well-being Act 2014, which came into force in April 2016.
- 2.24** Following the introduction of the Care Act 2014, HMPPS (formally known as the National Offender Management Service, or NOMS) introduced a new prison service instruction (PSI) stating HMPPS's responsibilities: PSI 15/2015, now updated by PSI 03/2016.
- 2.25** The steps which should normally be taken to access social care services are presented in the following section. These steps are outlined in PSI 03/2016 and should be followed by prisons.¹⁶

Assessment

- 2.26** Prisoners are normally screened in reception on entering the prison. This initial assessment should help identify any potential needs that the person might have, whether they are related to social care or not. However, some prisoners, especially those serving longer sentences, can develop care needs while living in a custodial environment. In such cases, a prisoner can either self-refer for a social care assessment or can be referred by staff in the prison. Prisoners can also be referred by family, friends or legal representatives, although this should always be with the individual's knowledge and, ideally, their consent.
- 2.27** The local authority in which the prison is located must then assess any prisoner who appears to have need of social care, regardless of whether or not the local authority thinks the individual has eligible needs or of their financial situation. The local authority uses the same eligibility framework as they would for people in the community. If someone is deemed to have care and support needs, the local authority must decide what those needs are and how they are to be met.
- 2.28** Assessments can be undertaken by a multidisciplinary team, for example social workers, occupational therapists, mental health and health care staff, to ensure that all of the individual's care needs are assessed and can be addressed.
- 2.29** The PSI states that an adult may be eligible for care and support services if their needs arise from, or are related to, a physical or mental impairment or illness and, as a result of these

¹⁶ PSI 03/2016 Adult Social Care. Available at <<https://www.justice.gov.uk/offenders/psis/prison-service-instructions-2016>> accessed 5 September 2018.

needs, they are unable to achieve two or more outcomes set out in regulations, which means there is, or is likely to be, a significant impact on their well-being. The following outcomes are referred to in the PSI:

- managing and maintaining nutrition
- maintaining personal hygiene
- managing toilet needs
- being appropriately clothed
- being able to make use of the adult's home (in this case, the prison) safely
- maintaining a habitable home environment (in this case, the prisoner's 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 (that is prison services and any required community services during temporary release), including public transport and (prison) recreational facilities or services
- carrying out any caring responsibilities the adult has for a child.

Care package

2.30 Following assessment, the local authority must create a plan which states the individual's needs and how they are going to be met, for example, the type of care they need to receive, who will provide the care, and how often the services should be provided. The prisoner should be involved in the development of the care plan. Social care should be delivered by professional social care providers, these may be commissioned in conjunction with the health care services within the establishment, or the local authority may commission an additional and specific social care service provider.

2.31 Prisoners with care needs can also access the help of other prisoners, known as 'prison buddies' who are normally part of a prison carer scheme.¹⁷ Buddies may help with fetching meals and drinks, keeping cells tidy, transporting prisoners from one area to another (for example, wheelchair pushing) and so on. However, they are not allowed to provide intimate care (such as washing, dressing or help with personal hygiene) which should be provided by the appointed professional social care provider. Buddies need to be risk-assessed and appropriately trained, supported and supervised.

Adapting the environment for social care

2.32 In certain cases, physical adaptations need to be made to the prison environment – either the cell or common areas – to enable prisoners with care needs to live as independently as possible. For example, people with physical disabilities could require special adaptations to be made to their cells, such as hand rails, special toilet seats and emergency alarms. Individuals with psychological needs may also require specific adaptations, for example a destimulating, quieter environment or adaptations to encourage pro-social engagement at work or during relaxation. Any adaptations in prison are the financial responsibility of that prison, but non-fixed and minor equipment is the responsibility of the local authority.

¹⁷ PSI 17/2015 Prisoners assisting other prisoners. Available at <<https://www.justice.gov.uk/downloads/offenders/psipso/psi-2015/psi-17-2015-prisoners-assisting-other-prisoners.pdf>> accessed 5 September 2018.

Advocacy

- 2.33** Prisons should provide advice on accessing advocacy services for individuals in need. In England, someone is deemed to require advocacy support if they cannot understand relevant information or if they cannot express their views or wishes. In Wales, an advocate can be used if someone needs additional support, and could be a family member or a friend.
- 2.34** Prisoners should be able to access an advocate at any point during the social care process. An advocate could be required to facilitate involvement in care and support assessments and plans. If prisons are referring someone who might need an advocate, they should inform the local authority at this stage. Local authorities are obliged to appoint an advocate where there is no suitable person available to perform this role. The local authority must agree the advocate.
- 2.35** In the immediate roll-out of the Care Act, between April and June 2015, only one prisoner was deemed to need advocacy services.¹⁸

Continuity of care

- 2.36** When a prisoner with care needs is transferred or released, prisons are expected to notify their local authority, who will then inform the receiving local authority and their commissioned social care providers in due time. Local authorities remain responsible for providing appropriate services and should make arrangements for them to take place. If a prisoner is being released to a different local authority area, the two local authorities involved should communicate with each other and make the necessary arrangements.

Early implementation of the Care Act 2014

- 2.37** One year after the Care Act 2014 was implemented, a survey of all English local authorities was carried out by Association of Directors of Adult Social Services (ADASS) to assess the number of cases requiring support under the act.¹⁹
- 2.38** The survey found that about 44% of the total number of people referred as having potential care needs had been assessed and deemed eligible to receive social care in prison in the year following the implementation of the Act (about 1,800 people were referred and 800 deemed eligible to receive social care). Significant variations were found between prisons in terms of the number of referrals, assessment and subsequent care plans, and it was unclear whether this was due to the prison and/or the local authority.
- 2.39** While the Care Act 2014 applies to any person aged 18 and over and residing in England, in the months immediately following the implementation of the Act, most people in prison with potential care needs who had been referred for assessment were adults with a physical disability or older prisoners who were physically disabled/frail²⁰ (48% and 40% respectively of the total number of referrals in the months of April, May and June 2015).²¹ The number of

¹⁸ Anderson, Ian. 2015. *A report on the findings of the ADASS survey of social care activity in prisons and approved premises - Quarter 1 2015/16*. Available at <<https://www.adass.org.uk/media/4231/an-analysis-of-social-care-activity-in-prisons-and-approved-premises.pdf>> accessed 5 September 2018.

¹⁹ Tucker, S., Hargreaves, C., Roberts, A., Anderson, I., Shaw, J., & Challis, D. (2017). 'Social Care in Prison: Emerging Practice Arrangements Consequent upon the Introduction of the 2014 Care Act'. *The British Journal of Social Work*.

²⁰ Older prisoners are considered to be those over the age of 50 because of the increased pathology in that population.

²¹ Anderson, Ian. 2015. *A report on the findings of the ADASS survey of social care activity in prisons and approved premises - Quarter 1 2015/16*. Available at <<https://www.adass.org.uk/media/4231/an-analysis-of-social-care-activity-in-prisons-and-approved-premises.pdf>> accessed 5 September 2018.

referrals for mental health needs was much lower in the same three months (6% of the total number of referrals). According to the same ADASS survey, the percentage of successful referrals varied by type. In the same three months, the highest rates of conversion from referral to eligibility were for older physically disabled/frail prisoners and physically disabled adults (45% and 45% respectively), while the lowest conversion rates were for older people with mental health needs (2%). Although the reasons for this were not clear and it is possible that other services in prisons had dealt with mental health-related issues (the Care Programme Approach for example²²), it appears that long before the Care Act 2014, older prisoners had unmet psychiatric needs.²³

- 2.40** Therefore, older people appear to make up a significant proportion of those referred for and receiving social care in prisons.
- 2.41** Most of the local authorities reported having processes in place for the identification of prisoners with social care needs. Self-referral processes also existed, but it was not clear how well they were advertised or used. Assessments were mostly carried out by specialist social care staff, most commonly social workers, but occupational therapists undertook assessments in a small number of establishments. The delivery of social care itself was mostly by health care staff in the prison, but in some establishments an agency had been contracted to deliver both health and social care. This raises questions about the appropriateness of health care staff to deal with social care issues, as well as the resources available to them. The delivery of social care was enhanced by the use of prison buddies who helped with a wide range of activities.

HMI Prisons inspections after the implementation of the Act

- 2.42** Since the implementation of the Care Act 2014, inspectors have found a mixed picture of social care provision in prisons in England and Wales, although overall, it appears that it has improved. Inspectors found some good practice examples. At HMP & YOI Foston Hall (2016), the prison had developed exceptionally close links with the local authority, enabling women to receive prompt assessments. At HMP Risley (2016), inspectors were impressed with the social care arrangements, which delivered excellent outcomes for those with social care needs. At HMP Whatton (2016), the use of peer supporters or prison 'buddies' was deemed to be innovative and very well-managed.
- 2.43** Inspectors were pleased to find that links had been created with the relevant councils and local authorities. These were successful at a number of prisons. For example, at HMP Haverigg (2017) we found that the prison had established links with Cumbria County Council to undertake social care assessments. At HMP Risley (2016), inspectors described the liaison with the local authority as effective and the social care arrangements as exemplary, resulting in excellent outcomes for prisoners. This was highlighted as good practice by inspectors.
- 2.44** Provisions for the referral of prisoners with social care needs were found to be good at HMP Birmingham in 2017, where those with needs were identified effectively and assessments were carried out promptly by the local authority. Prisoners could also refer themselves for an assessment. At HMP & YOI New Hall (2015) inspectors found that women with social care needs were properly identified and several primary care staff had been trained to carry out initial assessments on behalf of the local authority. However, at

²² If someone needs mental health services, their care is organised under the Care Programme Approach (CPA). Their needs are taken into consideration to produce a written 'care plan'. If in a custodial setting, prison staff will normally work with the individual on their care plan.

²³ Fazel, S., Hope, T., O'Donnell, I., & Jacoby, R. (2004). 'Unmet treatment needs of older prisoners: a primary care survey'. *Age and Ageing*, 33(4), 396-398.

HMP Brixton (2017), HMP Garth (2017) and HMP Elmley (2015), provision still needed to improve.

- 2.45** Timely assessments took place at HMP Huntercombe (2017), HMP Swaleside (2017), HMP Leeds (2015) and HMP Ashfield (2015), but arrangements for assessments were not as good at HMP Garth (2017) and HMP Exeter (2016).
- 2.46** Although the implementation of care plans was very good at a number of establishments, this was not a universally good picture as the quality of care plans still needed to improve at others. Inspectors found that care plans were not in place at HMP Lewes (2015), HMP The Mount (2015), HMP Rye Hill (2015) and HMP Bullingdon (2015). In 2017 CQC issued a requirement notice²⁴ to the provider of domiciliary care at HMP Whitemoor, due to a breach of regulations. Another requirement notice was issued at HMP Leyhill (2016) to improve care planning and communication with partners.
- 2.47** CQC also issued a requirement notice to the health provider at HMP Preston (2017) as care plans were not always in place and those that existed were of varying quality. At HMP Wymott (2016) and HMP Isle of Wight (2015), inspectors found that prisoner ‘buddies’ were trained and well supported in their roles. Requirement notices were issued by CQC because of deficiencies in care planning at HMP Gartree (2017).
- 2.48** Prisoners at HMP Bure (2017) and HMP Leyhill (2016) had good access to aids, equipment and adaptations to assist with everyday life in the establishment.
- 2.49** Continuity of care on release from custody was found to be good at HMP Elmley (2015) and HMP Stocken (2015).

Planning for the future

- 2.50** In the course of our routine inspections of prisons we are supplied with information on the assessment of need for health services in the individual prisons. Health needs assessments (HNAs) are an essential driver to ensure service developments in local prisons are related to the needs of the current population. We observe that most HNAs now contain commentary on the social care needs of prisoners.
- 2.51** We have not seen a national or strategic plan for future social care provision in prisons. Such work is necessary to guide those building on initial gains in service provision, and to encourage growth in prisons where social care is yet to be sufficiently embedded. We have not seen strategic consideration of the geographical placement of social care services in prisons, or of the resource planning necessary to meet the emerging need for social care services in individual prisons. We have not seen planning for the likely increase in demand for social care services in prisons as a result of the projected growth in the older prisoner population²⁵.

²⁴ CQC can issue requirement notices when regulations are not being met. The provider against whom the notice was issued must send a report and explain what action it will take to meet the regulations.

²⁵ HM Prison and Probation Service 2018. *Models for Operational Delivery; Older Prisoners Version 1.0*.

Section 3. Inspection approach

3.1 This inspection examined how social care is delivered in prisons in England and Wales. The key aims of the review were:

- to assess how prisoners' social care needs have been met since the implementation of the Care Act 2014 in England in 2015, and the Social Services and Well-being Act 2014 in Wales in 2016
- to identify if revised strategic and operational approaches to social care have improved outcomes for prisoners
- to identify good practice in the delivery of social care within prisons to inform future practice.

Methodology

3.2 This report draws on inspection reports and additional data collection conducted in eight establishments. Evidence from all sources was triangulated to strengthen the validity of our assessments. Only establishments where we have identified 'good' or positive practice have been named in this report; this is so that other establishments can use the information to help them develop their own social care delivery.²⁵

Inspection data

3.3 During HMI Prisons inspections undertaken between July 2017 and March 2018, an additional pro forma was completed. This pro forma collected supplementary evidence on the delivery of social care within establishments. Inspection reports, including recommendations and identified good practice, were also analysed for inclusion in this report. Appendix I contains a list of all inspection reports analysed.

Primary data collection

3.4 Primary fieldwork was conducted in eight establishments in January and February 2018. These establishments were selected to include a range of the different functional types of establishment and local authority social care delivery models. Primary fieldwork was conducted at the following establishments:

- HMP Peterborough (men)
- HMP & YOI Peterborough (women)
- HMP Exeter
- HMP Channing's Wood
- HMP Littlehey
- HMP Cardiff
- HMP Wakefield
- HMP Low Newton

²⁵ The good practice referred to in this report is not an exhaustive list of all good practice in the area of social care delivery in prisons. Further information about good practice from HMI Prisons inspections can be found under each Expectation area on the HMI Prisons website <<https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>> accessed 5 September 2018.

- 3.5** The following activities were conducted during the fieldwork:
- individual interviews with prisoners in receipt of social care
 - individual interviews with prisoners involved in the delivery of social care (as buddies or peer supporters)
 - individual interviews with operational staff and professional staff involved in the delivery of social care
 - a review of social care referral, assessments and care plan documents.
- 3.6** Semi-structured interviews were conducted with prisoners in receipt of social care support, including support provided through professionals and/or prisoner support schemes. The interviews covered their experience of receiving social care within the establishment – including their experiences of how the care/support was arranged for them.
- 3.7** Semi-structured interviews were conducted with prisoners involved in the delivery of social care. This covered their experiences supporting prisoners and their wider experiences of the support scheme that they were involved in – including how they got involved – and the training and support offered to them as part of their role.
- 3.8** Semi-structured interviews were conducted with staff who were involved in the delivery of social care. This included health and social care staff and managers, operational staff and senior prison leads, and representatives from the local authority. The interviews were aimed at understanding the experiences of staff in delivering social care and their perceptions of the effectiveness of these systems. We also examined policies.
- 3.9** Social care referral, assessments and care plan documents were reviewed to ensure they adequately detailed the prisoner’s needs and how these were to be met through the agreed care package.
- 3.10** All data from interviews with prisoners and staff was summarised in a spreadsheet from interview notes and coded. Judgements were then made about the provision and delivery of social care within the establishment against the expectations which were developed at the beginning of the review. Where quotes have been included in this report, they have not been ascribed to individual establishments.

Expectations

- 3.11** For its ‘core’ inspection programme HMI Prisons inspects against independent human rights-based criteria known as *Expectations*.²⁶ *Expectations* describe the standards of treatment and conditions we expect an establishment to achieve. Each expectation is underpinned by ‘indicators’ which suggest evidence that may indicate whether the expectation has been achieved. The list of indicators is not exhaustive and they do not exclude an establishment demonstrating the expectation has been met in other ways. Social care is assessed under the healthy prison area of ‘respect’.

²⁶ HMI Prisons (2017). *Expectations: Criteria for assessing the treatment of and conditions for men in prisons*.

Prisoners with social care²⁷ and support needs are identified and receive assessment, care packages, adaptations and advocacy services that continue on release or transfer.

The following indicators describe evidence that may show this expectation being met, but do not exclude other ways of achieving it.

- *Prisoners with social care needs are promptly identified and referred for a social care assessment.*
- *Prisoners' social care needs are consistently met.*
- *Sufficient trained, supervised and screened social care staff implement agreed care plans that ensure privacy and dignity.*
- *Required equipment and adaptations are provided promptly and maintained correctly.*
- *Peer prisoner supporters do not provide intimate care and are appropriately selected, risk assessed, trained, supported and supervised.*
- *Prisoners with severely restricted mobility or impaired communication can easily summon assistance in an emergency.*
- *Effective joined-up planning ensures agreed packages of care are continued on transfer within the prison estate and on release.*

3.12 To conduct this thematic inspection more detailed social care expectations and indicators were developed. These expectations were used as the basis for the review and form the structure of this report.

HMI Prisons and CQC inspection of social care expectations

1. Leadership and management

- *There is sufficient oversight of social care delivery within the establishment e.g. a designated senior management lead for social care.*
- *There is an MOU between the prison, relevant local authority and providers of social care.*

2. Prisoners' social care needs are comprehensively assessed by appropriately trained professionals.

- *Prisoners with social care needs are identified and referred for assessment promptly (including transfer into the establishment and on the wings).*
- *All needs are identified within the assessment.*
- *Assessments are timely, thorough and carried out in private and with the prisoner's involvement where possible.*
- *The needs of prisoners are assessed at appropriate intervals.*
- *There is sufficient oversight of assessments within the establishment.*

3. Prisoners' identified social care needs are consistently met through comprehensive care packages.

- *Care plans are in place for those who need them.*
- *Prisoners are involved in the development of their care plans and appropriately consulted about the care they receive.*
- *Support is provided promptly once a need is identified and a care plan agreed.*

²⁷ Care Act 2014; Social Services and Well-being (Wales) Act 2014.

- *Staff who deliver social care services are sufficiently trained and supervised, and implement agreed care plans that ensure privacy and dignity.*
- *Prisoner peer supporters do not provide intimate care and are appropriately selected, risk assessed, trained, supported and supervised.*
- *Care plans are regularly reviewed and, where necessary, adapted to meet needs.*

4. The diverse needs of prisoners are met.

- *Appropriate adaptations are made to the physical surroundings of prisoners.*
- *Required equipment and adaptations are provided promptly and maintained correctly.*
- *Prisoners with severely restricted mobility or impaired communication can easily summon assistance in an emergency.*

5. Prisoners can access advocacy services.

- *Prisoners in receipt of social care know of and can access advocacy services.*
- *Advocacy services meet the needs of prisoners in receipt of social care.*

6. Effective joined-up planning ensures agreed packages of care are continued on transfer within the prison estate and on release.

- *Prison staff notify the social care provider and local authority of a prisoner's release date.*
- *Prisoners are involved in discussions about transfer of their care.*
- *A provider is sourced who can meet the prisoner's needs in the community if they are being released.*
- *Information about the prisoner's care needs is passed on to the new provider at an appropriate time.*

Section 4. Findings

Leadership and management

Expected outcomes:

There is sufficient oversight of social care delivery within the establishment.

- 4.1 Some, but not all, establishments included in this report had established strong mechanisms to oversee the delivery of social care within their establishment, including memorandums of understanding between the prison, local authority and social care provider.

Leadership, oversight and responsibility

- 4.2 At some establishments there was a designated social care lead – this was either a prison employee, a representative from the local authority or a member of staff employed by the social care provider. There was evidence of joint oversight, with shared understanding and ownership at these establishments.
- 4.3 The impact of senior involvement at Governor or Deputy Governor level was clearly seen at HMP Littlehey, which we visited as part of our detailed inspection, where there was a clear commitment to the principle of reablement²⁸ throughout the prison.
- 4.4 At HMP Peterborough (both male and female sites) there was a weekly meeting at which senior managers discussed the support for prisoners with complex needs, including social care. This enabled close joint working between the prison, care provider and health care provider.
- 4.5 However, this was not the case for all establishments inspected since July 2017. Some establishments did not have a designated social care lead. At one establishment included in this report, prison staff had no understanding of their duty with regards to social care. There were no firm links or a signed memorandum of understanding with the local authority for social care assessments. Communication with the local authority was still in its infancy, and as a result we were not assured that prisoners with social care needs had been identified or appropriately assessed. At another establishment we found that the accountability for social care was poorly understood by the provider and the oversight of referrals, assessments and reviews was inadequate.

MOU between the prison, local authority and providers of social care

- 4.6 Not all establishments inspected since July 2017 had an up-to-date memorandum of understanding between the establishment, local authority and social care provider. At prisons with no MOU in place at the time of the inspection we recommended that an MOU should be formally agreed between the social care provider, the prison and the local authority, to ensure that social care needs were consistently met. There were also other establishments where, despite there being MOUs in place, the MOUs were lacking in detail, which meant there could still be confusion about the roles and responsibilities of those involved in the delivery of social care.

²⁸ Reablement services (also known as intermediate care) are designed to help people adapt to a recent illness or disability by learning or relearning the skills necessary for independent daily living at home. <www.nhs.uk/conditions/social-care-and-support/local-authority-funding-for-care> accessed 5 September 2018 .

- 4.7** There were up to date MOUs at four out of eight fieldwork sites. Protocols at two prisons within the same local authority area (a local prison and a category C training prison) had been in place since 2015 but needed to be updated to reflect the new provider. Despite this the protocols in place were clear and appropriate. At other establishments there was no MOU in place – it was either still being ratified or still being written. A detailed MOU at HMP Belmarsh contained clauses for information sharing, safeguarding, independent advocacy, peer support and complaints.
- 4.8** Where no MOU existed, it led to a lack of clarity around roles and who should be doing what, how often care plans should be updated who did the initial assessment training. It also gave nothing for the local authority to be held responsible for: if their duties were not clearly established and written down, agreed and signed it was hard for the prison or the provider to hold them to account and get them to take immediate action.
- 4.9** Inconsistent development and implementation of social care services across England has led to prisoners receiving inequitable care across the prison estate, rather than the equitable care that is inherent in the provisions of the Care Act 2014.
- 4.10** However, in Wales provision was more equitable across prisons, and prisoners could access a standard set of services. This was agreed and delivered across the entire system, rather than in the fragmented way in English prisons.

Identification of need

Expected outcomes:

Prisoners' social care needs are comprehensively assessed by appropriately trained professionals.

- 4.11** Processes for identifying prisoners with social care needs varied between establishments. Not all establishments had robust procedures in place to identify those with social care needs, or to comprehensively assess their needs.

Identification of need and referral

On arrival/reception

- 4.12** In the main prisoners with a social care need were identified on arrival into establishments, either through generic prison screening tools or through specific health care screening tools. We found evidence that prisoners with social care needs were appropriately identified and promptly referred at most establishments included in this report. In addition, at HMPs Usk and Prescoed social care staff also attended the general induction to promote the service and identify any needs which may have been missed on reception.
- 4.13** At HMP Dartmoor screening included an assessment of prisoners' mobility to ensure that they could manage in their cell with a walker or similar, as the cell doors were too narrow to let a wheelchair through. As HMP Dartmoor only receives prisoners transferred from other establishments, this was generally clarified in advance of a prisoner's arrival. However, prisons were not always made aware of social care needs prior to arrival and we found one example of poor practice where a prisoner was transferred to an establishment which could not meet his care needs, and had to be returned to the sending establishment one week later.

- 4.14** The majority of prisoners we spoke to who had transferred from other prisons experienced a smooth transition, with their care needs being addressed on arrival at their current establishment.
- 4.15** Where prisoners with social care needs were not identified by the reception screening they could be detected through other mechanisms. For example, at HMP Doncaster the clinical matron also identified prisoners with social care needs. This promptly negated the impact of prisoners being missed on reception. At other establishments identifying social care needs was the responsibility of health care staff through the disability assessment. Not all prisoners, however, received this secondary screen from health care. This meant they did not get a social care assessment and could have unmet social care needs.
- 4.16** In a few of the establishments we visited, prison diversity representatives conducted 'screening' as part of the induction process; any social care need was then referred on for assessment or support. Not all prisoners we spoke to as part of this report were comfortable about other prisoners being involved in the process due to concerns about confidentiality – a concern also raised by HMI Prisons in relation to peer support. We expect that there should be appropriate safeguards in place for all peer support in prison, to ensure that prisoners do not have access to confidential information without consent and that there are clear mechanisms in place for peer supporters to pass on information of concern to staff.
- 4.17** During our inspection of HMP Holme House we identified good practice around the identification of prisoners with social care needs. Inspectors found that an identified primary care worker completed a face-to-face secondary social care screen with all prisoners who had been identified with potential social care needs and all new arrivals whose clinical records indicated there may be a need. This ensured that appropriate referrals for assessment were made promptly. The primary care worker also reviewed prisoners regularly to identify changing needs.
- 4.18** Delays in identifying care needs caused frustration for prisoners, especially where they had been in receipt of a care package in the community. Prisoners we spoke to in a local prison told us that being brought into custody on recall meant they were unable to bring a copy of their community care plan with them; this led to avoidable delays in receiving appropriate support and care in prison.
- 4.19** Delays in the identification of need also led to some prisoners being inappropriately located on main wings rather than on specialist social care units, or on health care if their care needs were severe.

Within the prison

- 4.20** Referral sources varied between prisons, with referrals made by a variety of prison staff, health care providers and prisoner peer supporters. HMP Belmarsh provided easy read pamphlets for prisoners and prison officers and displayed posters explaining social care. Referral forms were largely designed locally and some prisons used the new NHS England template.
- 4.21** Where prisoners developed a social care need, or their care needs changed while in custody, they told us that it was predominantly health care staff who identified this change in circumstances and referred them for additional assessments and care planning.
- 4.22** Awareness of the ability to self-refer for social care varied between establishments – for example, at one prison the social care lead was unaware that prisoners could self-refer. In others, however, prisoners were aware that they could self-refer from within the establishment and information was provided on the wings about how to do this.

4.23 In some establishments there was very little awareness of social care. At one prison there had been no input from the local authority lead to raise awareness. At another there was a total lack of awareness or understanding from prison staff about social care. The prison had received a small number of self-referrals for social care but none of them had been appropriately reviewed to assess whether they met the threshold for care, which had resulted in no further assessment. We were concerned that, had there been a greater awareness of social care among staff, these referrals may have resulted in assessments which warranted care plans, and that as a result, prisoners were missing out on vital support due to inadequacies at the prison.

Timeliness of assessments

4.24 Local authorities are required to complete all social care assessments within the timeframe specified in their MOU with the establishment – this is a locally set target rather than a national requirement. We were pleased to find that some establishments had very short delays between referral and assessment. Establishments with permanently-based local authority social workers²⁹ could facilitate an assessment within 24 hours of it being made. At HMP Cardiff, staff accessed a 24-hour telephone line with the local authority and provider, with capacity for a rapid assessment and implementation of an emergency care package within 24 hours. At HMP Littlehey we were pleased to see that the longest wait for an assessment was 10 days and that one assessment for a social care plan had taken place within six hours on a Saturday.

4.25 We expect that if there is a delay in an assessment taking place, a prisoner's immediate care needs will be met during this wait. At HMP Leicester health care staff supported prisoners until a full assessment and care plan was in place and delivery could pass over to the social care provider. At HMP Exeter the usual timeframe for assessments was 28 days, but we were pleased to find that there were mechanisms in place for care to be provided prior to the end of the assessment where required; this was made easier by a single provider being contracted to provide both health and social care within the establishment. At HMPs Usk and Prescoed the prison social care coordinator saw all new arrivals and put in place an emergency care plan to be provided by a buddy until the full assessment and care plan had been completed. While interim arrangements such as these ensure that prisoners can receive support without delay, they are not appropriate if all of a prisoner's care needs are not being met or if specialist health care staff are providing social care by default.

4.26 We found significant delays at a number of prisons included in this report. At one we found delays of up to five months between referral and the assessment taking place.

4.27 In one establishment we found that, despite prompt referrals to the local authority, poor communication between the prison, health care provider and local authority had led to increased waiting times for a full social care assessment.

4.28 At another, although social worker assessments took place within the allocated 28 days, assessments by the occupational therapists took much longer.

4.29 Assessments were largely conducted in private and with prisoner involvement. At HMP Channings Wood it was clear that prisoners had been actively involved in their assessments – the finished care plans were personalised and clearly indicated how the individual wished to have their care needs met on a daily basis.

²⁹ Local authorities can decide to embed a social worker permanently within an establishment to ensure prompt assessment and joint working with the establishment.

- 4.30** At HMP North Sea Camp the local authority had recently appointed a lead social worker for prison social care assessments. Prior to the appointment no one had responsibility within the local authority for such assessments, and the process had been less well coordinated than we found during the inspection. The lead social worker had also initiated a monthly drop-in clinic to see prisoners and staff to raise the profile of social care. This had led to improved working relationships between the local authority, health care provider and prison.
- 4.31** Where there was no clear responsibility and accountability between the prison and social care provider, assessments could be delayed, which meant that prisoner's care needs went unmet for lengthy periods.
- 4.32** Some prisoners we spoke to were pleased with the assessment process, telling us that they felt involved and that their needs were taken into consideration. However, other prisoners did not feel that the assessment itself was appropriate: some told us that it did not provide an accurate account of their physical ability to look after themselves or their care needs, wrongly stating that they could perform certain tasks unaided. One prisoner we spoke to did not feel he was able to represent all his support needs in his assessment meeting, and that he would have to review the write-up of the assessment to ensure that all of his needs were included. The prisoner told us that for his next assessment he was going to request the health care assistant (HCA) be present to ensure his needs were accurately reported. Another prisoner compared the experience of assessment in the prison to that of assessment in the community – he told us that in prison they had less input than in the community, and that their needs were not all taken into consideration.

Reviews

- 4.33** The frequency of reviews varied between prisons. The majority of prisons planned reviews on a six-monthly basis, although some were annual. Social care staff we spoke to said that reviews were also initiated by a change in circumstances and some care plans had evidence of review or planned dates for review.
- 4.34** At HMP Exeter reviews were conducted when a change in circumstances or situation had been identified, rather than within a prescribed timeframe. All staff, including peer supporters, could record changes and make a referral for the prisoner's needs to be reassessed.

Oversight of assessments

- 4.35** Local authorities should have appropriate oversight of assessments within establishments; this can include reviewing or quality assuring assessments to ensure they are appropriate and that all care needs are addressed. This was another area where practice varied between establishments. Some prisons had a clear pathway to oversee the referral and assessment process, sometimes including a multidisciplinary team (for example social workers, occupational therapists, mental health and health care staff) to ensure that all needs were assessed and addressed. However not all establishments had appropriate oversight arrangements for social care needs assessments.
- 4.36** At HMP Liverpool, Liverpool City Council was reconsidering its approach to social care in the prison at the time of the inspection, as a member of staff from the social care provider was subcontracted to carry out assessments, and the council felt it did not have quality assurance of the process. The council intended to use the new contract to reconsider its model for the provision of social care.

Delivery of social care

Expected outcomes:

Prisoners' identified social care needs are consistently met through comprehensive care packages.

4.37 We found that prisoners' identified social care needs were not being consistently met, although many prisons had made progress in delivering effective care planning and delivery systems.

Care plans

4.38 Care plans were mostly in place for prisoners in receipt of social care within prisons. We found good practice at HMPs Cardiff and Usk and Prescoed: the All Wales model had driven a target for initial screening and assessment by respective local authority social care teams within 24 hours of referral. At Belmarsh we also found good practice – there were 18 prisoners with active care packages and each had an initial plan (within 24 hours of screening for social care needs) followed by a comprehensive plan thereafter.

4.39 At one prison visited as part of our fieldwork there was incomplete coverage of social care provision. The governor was unhappy with the service provided by the respective local authority and felt that the social care needs of some prisoners were not being met because the threshold the council had put in place within the prison was too high.

4.40 Where care plans were neither current nor person-centred and did not have clear review dates we were concerned that prisoners' social care needs were not consistently met.

Social care delivery

4.41 Care was arranged and provided promptly in most establishments, but there were delays at two prisons for contractual reasons. At the first, which we visited as part of this thematic inspection, it took a couple of weeks to put formal care in place, with delays around funding decisions at local authority level and staffing needs at the care agency – in the interim, health care staff were providing care services. Funding also caused delays in care plan implementation at the second prison, where there was an unresolved dispute around bringing a mobility aid into the prison.

4.42 Not all prisoners we spoke to reported that they were involved in the development of their care plan, or that they were aware of the contents of the plan, although all could detail the care and support that they received from both professional health and social care staff and from social care peer supporters. Support and care ranged from peer supporters collecting meals and cleaning cells to some prisoners requiring multiple visits throughout the day and assistance with getting in and out of bed, washing and dressing.

4.43 Across establishments prisoners receiving social care resided on mainstream wings, in inpatient units and on dedicated social care units. Overall, prisoners we spoke to were complimentary about the support they received from professional staff and peer supporters. Prisoners who received support from professional staff reported that having regular staff was preferable to agency or temporary staff. Regular staff were able to get to know the prisoner's needs and build a rapport, which better facilitated the care and support they provided.

- 4.44** In some establishments all social care was delivered on vulnerable prisoner or older prisoner units. This limited the accessibility of support for those who were not elderly or vulnerable. As a result of this policy, prisoners in some establishments had to accept vulnerable prisoner status to receive appropriate social care on the unit. At another establishment anyone with a physical disability who needed a disabled cell was located on the vulnerable prisoner unit. This could lead to poorer outcomes for the prisoner.
- 4.45** Prisons that did not have suitable alternative accommodation for those with high level social care needs required prisoners to be located on the inpatient health care unit, which was not always appropriate. We prefer to see prisoners with social care needs located and monitored in suitable accommodation with adaptations and equipment that meet their needs, rather than be moved to an inpatient health care unit.
- 4.46** The co-location of health and social care bays on the inpatient unit at HMP Belmarsh enabled efficient delivery of blended health and social care with co-working between the respective service providers as necessary. Where health care staff are providing social care, they should be appropriately trained to deliver this alongside their health care responsibilities.
- 4.47** In Wales the health providers were also the deliverers of social care, and at HMP Cardiff there was notable joint working between the health provider and prison to optimise the limited opportunities in the physical environment of the prison to make adaptations to meet needs.
- 4.48** Prisoners located on main wings, rather than in specialist units, were more likely to only require support from social care peer supporters, rather than from health and social care professionals.

Access of social care staff to prisoners

- 4.49** At some prisons included in this report, social care staff received training in both social care and working in a prison setting. Staff at one prison received shadowing and supervision, although they told inspectors they would like additional training. A large category C training prison we visited for this thematic relied on one social care worker for delivery of social care, which was not sufficient for the level of need.
- 4.50** Social care was not always delivered by appropriate social care staff – where provision was underdeveloped, prisoners with social care needs were often located in inpatient units and supported by health care staff.
- 4.51** While social care workers could access prisoners located on health care units with no difficulty, access to prisoners on main wing locations was not universal. Prisons operate set regimes and have specified times when prisoners are required to be in their cells and cannot be unlocked unless for emergencies. The regime, along with staff shortages, can mean that social care staff are unable to access prisoners at the required times to deliver care. At a large category C training prison included in this report, there were times when staff could not get access to prisoners and could only do a welfare check from the medicines hatch, which was not satisfactory.
- 4.52** At one establishment in this report social care was delivered in the inpatient unit and not on prison wings where prisoners resided. Prisoners had limited ability to attend the unit and many men requiring showers or intimate care were only able to visit twice a week. It was difficult for social care staff to see prisoners on normal location as they relied heavily on officers to unlock men due to security constraints. Prisoners were often locked up when care staff tried to speak to them.

- 4.53** At another establishment the social care workers only worked in the outpatient department and did not have the capacity to visit the wings. This meant that there was no one to provide social care on the wings. Primary health care staff were therefore filling the gap, supporting prisoners with social care needs by, for example, encouraging them to shower or reminding them of their personal hygiene.
- 4.54** We found good practice in relation to social care staffing at a number of establishments. At HMP Doncaster, for example, there were two social care assistants who worked 13-hour shifts and delivered care on the wings and in the social care unit. At HMP Wandsworth the local authority was paying for a support worker to be on site seven days a week, from 8am to 5pm – they had tried to recruit workers to split shifts but had been unsuccessful. The support worker carried keys, accessed SystemOne (electronic patient records) and could visit all other areas easily. At HMP Littlehey, there was a regular team of social care staff who visited the prison each day. Care packages could be started within a few hours of the local authority assessing prisoners, which was very responsive. Care staff reported good working relationships with prison staff.
- 4.55** One concern raised by prisoners in all prisons was a lack of support overnight, even on health care units: more than one prisoner told us that they had fallen and were unable to summon assistance during the night.
- 4.56** For prisoners who only received social care support from prison peer supporters there were no issues with gaining access, as there could potentially be with social care workers.

Peer support

- 4.57** In 2016 HMI Prisons published a paper on peer support in prisons.³⁰ The paper recognised the important role that peer support could play in providing help with daily tasks as part of some prisoners' care and support plans, to enable prisons to fully implement the Care Act 2014.
- 4.58** Most establishments included in this report had some level of peer support on offer, in that prisoners supported other prisoners with some of their social care needs. This ranged from collecting meals, tidying and cleaning cells, and pushing wheelchairs for prisoners with mobility difficulties.
- 4.59** We were pleased to observe that social care peer supporters did not provide intimate care at any of the prisons included in this report. However, in prisons where social care services were totally underdeveloped, inspectors were concerned that prisoners could be delivering personal social care unchecked.
- 4.60** Governance and supervisory arrangements for peer supporters varied, and were not always in place. There was not always a clear job description and some peer supporters were not supported in their roles. In other establishments, such as HMPs Usk and Prescoed and Belmarsh, there were comprehensive and thorough arrangements in place for peer supporters. In the prisons we visited most peer prisoner supporters had been appropriately selected and risk-assessed, and their emerging job-related needs were responded to appropriately.
- 4.61** However, several peer supporters we spoke with had not been trained and few received regular supervision. Some prisons had a well-managed social care peer support scheme,

³⁰ HM Inspectorate of Prisons (2016) *Life in prison: Peer support*. Available at <<https://www.justiceinspectorates.gov.uk/hmiprisons/inspections/life-in-prison-peer-support/>> accessed 5 September 2018.

including formal application, suitability and security checks, training, supervision and oversight, although there could be variation between individual wings. At other prisons, there was no formal process for the safe allocation of peer prisoner supporters or oversight, with varying formality to the scheme.

- 4.62** Providing social care for other prisoners can be distressing, and it is therefore important that any prisoner involved in supporting another prisoner is offered regular support and supervision. We found good practice at HMP Exeter where peer supporters received regular supervision and were able to suggest areas for further support; for example, dealing with the death of a prisoner they had been supporting.
- 4.63** In some establishments care plans were in place for prisoners receiving buddy support. We found good practice at HMPs Usk and Prescoed where well-trained, supervised social care orderlies and prisoner buddies provided excellent, recorded support to prisoners with identified needs as part of a regularly reviewed care plan.
- 4.64** Support from social care peer supporters was appreciated, although many prisoners accessing what they termed ‘buddy support’ did not see this as part of a social care support plan with set activities and tasks, but rather an arrangement where peer supporters would help them out with ad hoc activities, such as cleaning their cells and collecting meals.
- 4.65** Prisoners welcomed having ‘regular’ peer supporters. At one local establishment, prisoners told us that the churn of peer supporters was unsettling – as soon as they got to know one peer supporter he was moved out of the establishment and they got a new one. Prisoners who receive social care can feel isolated, especially if they are unable to participate in a full prison regime. Prisoners we spoke to therefore appreciated the social interaction they received from the peer supporters; one told us that without the ‘buddies’ his world would end at his cell door, and that the buddies were able to talk to him about the weather and his family.

Review of care plans

- 4.66** In most sites we visited care plans were subject to review and the majority of plans we saw had been reviewed at least twice a year, though approaches to reviews varied widely. Established systems for review were in place at HMPs Belmarsh, Cardiff, Peterborough, Littlehey and Exeter. In these establishments there was good practice, with service commissioners involved in the reviews and any required changes to care plans being put to commissioners for agreement.
- 4.67** We observed care plans at Belmarsh being reviewed on a monthly basis by a registered nurse, who shared the changes with the service commissioner to enable development. The care plans were monitored by the manager of the service, who was required to report to the service commissioner on trends in care package delivery. This sophisticated approach ensured that delivery performance and quality had appropriate governance.

Adapting the environment for social care

Expected outcomes:

The diverse needs of prisoners are met.

- 4.68** Not all prisons were able to meet prisoners’ social care needs in terms of the built environment and adaptations to assist with mobility.

Accommodation

- 4.69** Prison cells were often small, which limited accessibility for prisoners with mobility issues who may have required the use of wheelchairs or walkers. Older establishments were unable to provide accessible cells on their standard accommodation. This meant that prisoners with social care needs had to be transferred to the social care unit to access some washing facilities. This could have been more efficiently provided on the main wings if facilities had been available.
- 4.70** At some establishments there were a limited number of adapted cells, sometimes not sufficient for the number of prisoners in need. In other establishments the limitations of the existing buildings meant that prisoners who were unable to be housed in standard accommodation on wings had to be moved to health care units.
- 4.71** Prisoners across a number of prisons, who were not located on specialist health care or social care units, told us how they were unable to shower regularly. Sometimes this was due to issues in transferring to health care to access appropriate facilities; sometimes because there were no appropriate facilities in the prison. Some prisoners we spoke to did not want to be accommodated on specialist units – even when these may have been more appropriate for their care and support needs – preferring to stay on main location wings to enable them to have as normal an experience as possible, rather than being stigmatised and having restricted movement on a vulnerable prisoner unit or in health care.
- 4.72** At HMPs Usk and Prescoed the occupational therapist was in the process of assessing every cell to establish need. The main problems identified were the bunks and the low toilets. The therapist was exploring the use of plinths to raise the toilets as there was no other mechanism available.
- 4.73** Some prisons we visited as part of our thematic fieldwork had a small number of larger cells with wheelchair access. At HMP Littlehey, the works team had added ramps to two wings which were suitable for wheelchair use. Benches had been installed at strategic points to encourage prisoners to walk more.
- 4.74** Where specific units were in operation for social care the facilities and physical environment were more suitable for those with mobility issues. For example, house block 7 at Holme House had adapted cells, showers and lifts. Although HMP Dartmoor had an unofficial social care unit, cell doors in the unit were still not wide enough to fit a wheelchair through and prisoners were required to use a walker or similar when in their cells.
- 4.75** Prisoners we spoke to wanted to be able to do as much for themselves as they could, whether that was using the toilet or shower by themselves or simply moving around their cell. As previously outlined, some prisoners remained on normal location rather than move to specialist units, despite the fact that not all main location cells were appropriate for prisoners with mobility issues. Prisoners we spoke to described some of the difficulties they had with moving around their cells without the use of wheelchairs, using handrails and furniture to support them.

Physical adaptations

- 4.76** Adaptations such as handrails or ramps can be added to existing cells to help prisoners get around their cell. Most prisons adapted a small number of cells and allocated larger cells to prisoners with mobility problems. Efforts at physical adaptation were generally concentrated on particular wings or ground floor cells due to the limitations of the whole estate. The inpatient unit at HMP Belmarsh had hospital beds and hoists.

- 4.77** There were often delays to adaptations being put in place due to issues with facilities contractors. However, at some privately-run prison, adaptations such as the lowering of beds were undertaken promptly. Adaptations were also carried out in a timely manner at some of the prisons visited as part of this thematic inspection, which included public prisons.
- 4.78** Delays in adaptations were frustrating for prisoners. One prisoner we spoke to said he waited four months for a rail to be fitted so that he could use the toilet.

Equipment

- 4.79** At HMPs Usk and Prescoed, and a number of other establishments included in this report, prisoners had been allocated four-wheeled walkers with built in seats. These allowed more comfortable resting as the seats were padded, and increased prisoners' independence as a tray could be carried on the walker. This reduced the over-reliance on prisoner buddies.
- 4.80** Other establishments had a stock of communal wheelchairs – HMP Littlehey, for example, had a store of equipment which meant they could be distributed more quickly. Littlehey was also about to start a trial where appropriately checked prisoners could carry out low level maintenance of equipment such as tightening screws and replacing the rubber ferrules on walking frames and sticks.
- 4.81** Delays in repairs being made to equipment was also a source of frustration for prisoners. Given that there were often holdups in sourcing equipment it was even more frustrating when repairs were delayed, as this again curtailed prisoners' independence.
- 4.82** Some prisons had allocated responsibility for resourcing and maintaining equipment, sharing responsibility between health care staff, the prison works department and occupational therapy. In these cases, equipment was provided promptly and works were conducted within a reasonable time. There were, however, delays in fixing equipment where an external contractor was required. At a high security establishment we visited as part of this thematic inspection, there were delays of several months in procuring equipment such as wheelchairs.

Summoning help and emergencies

- 4.83** Some prisons provided emergency call bells or pendant alarms, and provided extra night-time checks for prisoners at risk of falls. At a local prison we visited for this thematic, prisoners with disabilities or impairments could push a coloured card under their door to indicate that they needed help. Prisoners on the inpatient unit at HMP Belmarsh used a standard acute hospital call system. Most prisons had personal emergency evacuation plans (PEEPs) for relevant prisoners receiving social care, but these were sometimes incomplete or needed updating. At one high security establishment we visited as part of this inspection, a prisoner using a wheelchair was routinely locked in the shower when he was using it, and had to roll to the door and bang on it to be let out. This potentially risked his health and safety.
- 4.84** Not all prisoners with mobility issues had use of emergency alarms in addition to their standard cell call bells. This posed a problem for prisoners who would be unable to summon help if they fell during the night. In one establishment prisoners had alarms that alerted another prisoner, who could then summon assistance for them. There was some questionable use of personal alarms; one prisoner we spoke to kept his personal alarm on his table rather than his wrist as his tremors set the alarm off. This meant the alarm would be useless if he fell to the floor and needed to summon help.

Advocacy services

Expected outcomes:

Prisoners can access advocacy services.

- 4.85** Although advocacy was well established in prisons, it was underdeveloped in relation to social care.
- 4.86** Some form of advocacy service was available within most of the prisons we inspected. For example, at HMP Wormwood Scrubs prisoners could access advocacy specific to the social care assessment process available through the local authority. The mental health provider, Barnet, Enfield and Haringey Mental Health NHS Trust (BEH), employed an advocate from MIND to attend two days a week to provide advocacy and support services for mental health clients and for residents of inpatient units. At HMP Wandsworth the local authority had an advocacy service and health care provided this service within the prison, which was good. However, the service was not well publicised.
- 4.87** Some prisons provided information to prisoners around the use of advocacy services. Pamphlets were provided at HMP Cardiff and HMP Belmarsh. At some prisons, advocacy services were available but not well understood. Among all the prisons visited, there was only one instance where an advocacy service had been used, although several prisons were able to indicate how they would access it. One establishment included in this report relied on buddies for advice, which was not ideal, and they could have benefited from a professional advocate.
- 4.88** None of the prisoners in receipt of social care we spoke to had used a formal advocacy service in relation to social care. Prisoners should also be able to access informal advocacy services. For example, one prisoner told us that he would like one of the health care assistants to attend his next care plan review with him, to ensure that he was able to accurately report all of his needs (see paragraph 4.32). He said that he would prefer to use a health care assistant than an independent advocate as the assistant would be familiar with his care needs.
- 4.89** Prisoners were confident in making complaints. A small number of prisoners had made complaints regarding the care they were receiving. This was either due to issues or delays in adaptations being made or complaints about specific care they had received from staff. Complaints were dealt with appropriately by establishments and local authority staff.

Continuity of care

Expected outcomes:

Effective joined-up planning ensures agreed packages of care are continued on transfer within the prison estate and on release.

- 4.90** Processes for transfer and release of prisoners in receipt of social care are not yet well established and more could be done to ensure that there is continuity of care on transfer and release.

Transfer

- 4.91** Most MOUs detailed arrangements and processes to ensure that prisoners' support needs were addressed on transfer, and there were systems for sharing information with the

receiving establishment. However, there could still be problems with information not being provided to the receiving establishment to enable it to continue a care package. One establishment had been unable to transfer two prisoners as the social care package it delivered could not be continued at the nominated prisons. As we have already described in Section 2, we found one example of a prisoner being transferred to an establishment which could not meet his care needs; he had to be returned to the sending establishment the following week. This represented a serious lapse in care that could have been avoided.

- 4.92** When patients moved between local authorities, receiving prisons were not always made aware of prisoners' social care needs on transfer. This was particularly challenging for prisoners with complex needs.

Release

- 4.93** At HMP Channings Wood we found good practice in the release of prisoners. The health and social care provider liaised with the social worker as part of a 'discharge clinic', ensuring timely continuity of care on release for those prisoners receiving support. We also found a case at Channings Wood where much work had been done to release a prisoner into a nursing home. The care staff from the nursing home had visited the man in prison to assess his needs and establish a relationship prior to his release, and the transition went smoothly for all involved.
- 4.94** At HMP Peterborough, the social care lead was proactive in ensuring the information was shared and at several prisons, health care staff shared the information with social care. The care provider was also involved in pre-discharge planning if they were commissioned to provide the care in the community. Prisons identified greater difficulties around planning for prisoners with lower level needs, those on remand and those undergoing sudden release.
- 4.95** However, there was not always clear communication between prisons and social care providers around the timing of release. At one prison the local authority informed us that while they had made discharge arrangements, discharge notifications regularly arrived with them late, making it difficult to make arrangements for the social care provider to offer support.
- 4.96** At HMP Wormwood Scrubs we found a mixed picture when it came to release planning. We found one case where a man known to social services lacked capacity due to alcohol-related dementia and needed a placement on release, which was facilitated through the respective council. However, in another case, despite the best efforts of the prison, they could not get anything arranged post-release and the inpatient unit staff had to take the prisoner to A&E so that he could be assessed and access the required services through the hospital.
- 4.97** Accommodation was also a concern for prisons releasing prisoners with social care needs. At HMP Doncaster the social workers had access to reasonable accommodation resources in the Doncaster area, but found it challenging when they were required to refer out of area, to other local authorities.
- 4.98** Prisoners were generally involved in discussions around transfer of care and at HMP Belmarsh they were given a pamphlet about the process.
- 4.99** Only a small number of prisoners we spoke to were in the process of planning their care for release, and no prisoners were planning for a transfer to another establishment. It was concerning that two prisoners had experienced delays in their release because suitable accommodation was not arranged for them. Another two prisoners were being assessed by

local authority staff and care homes to review their suitability. Those prisoners who received low level support were confident that arrangements could be put in place for their release, whether that was because family members could provide the support or they did not require help in their normal living circumstances. Uncertainty around care arrangements on release was a cause of anxiety for some prisoners; this was a particular concern for prisoners who had developed care needs while in custody and had no prior experience of community health and social care.

Section 5. Appendices

Appendix I: Inspections included

HMI Prisons inspections before the implementation of the Care Act

Establishment	Date published
Lincoln	2 April 2014
Eastwood Park	3 April 2014
Leicester	16 April 2014
Dartmoor	25 April 2014
Woodhill	13 May 2014
Durham	20 May 2014
Whitemoor	22 May 2014
Haverigg	29 May 2014
Send	3 June 2014
Winchester	24 June 2014
Gartree	2 July 2014
Birmingham	9 July 2014
Ranby	24 July 2014
Preston	12 August 2014
Doncaster	13 August 2014
Isis	19 August 2014
Wormwood Scrubs	3 September 2014
Chelmsford	9 September 2014
Springhill	26 September 2014
Swaleside	26 September 2014
Altcourse	15 October 2014
Peterborough	21 October 2014
Wymott	29 October 2014
Wakefield	4 November 2014
Elmley	12 November 2014
Hewell	18 November 2014
North Sea Camp	25 November 2014
Portland	4 December 2014
Askham Grange	5 December 2014
Garth	14 January 2015
Thameside	20 January 2015
Hollesley Bay	21 January 2015
Northumberland	27 January 2015
Nottingham	10 February 2015
Bristol	17 February 2015
Oakwood	18 February 2015
Foston Hall	24 February 2015
Swansea	25 February 2015

Long Lartin	10 March 2015
Low Newton	11 March 2015
Brixton	17 March 2015
Styal	24 March 2015
Guys Marsh	25 March 2015
Hull	26 March 2015
Manchester	13 May 2015
Belmarsh	19 May 2015
Dovegate	29 May 2015
High Down	4 June 2015
Kirklevington Grange	9 June 2015
Pentonville	23 June 2015
Peterborough	30 June 2015
Wandsworth	29 July 2015
Littlehey	31 July 2015

HMI Prisons inspections after the implementation of the Care Act

Establishment	Date published
Stoke Heath	19 August 2015
The Mount	21 August 2015
Lancaster Farms	3 September 2015
Isle of Wight	1 October 2015
Bullingdon	29 October 2015
Standford Hill	3 November 2015
Lowdham Grange	11 November 2015
Stocken	17 November 2015
Humber	18 November 2015
Maidstone	8 December 2015
Wealstun	9 December 2015
Rye Hill	17 December 2015
Ashfield	22 December 2015
Hatfield	12 January 2016
Rochester	13 January 2016
Warren Hill	9 February 2016
Leicester	17 February 2016
Holloway	23 February 2016
Ranby	25 February 2016
Doncaster	9 March 2016
Woodhill	15 March 2016
Highpoint	22 March 2016
Wormwood Scrubs	12 April 2016
Bronzefield	13 April 2016
Elmley	19 April 2016
Lewes	26 April 2016
Leeds	27 April 2016
Full Sutton	5 May 2016
Nottingham	17 May 2016
Parc	8 June 2016
Moorland	10 June 2016
Forest Bank	14 June 2016
Stafford	21 June 2016
Frankland	29 June 2016
Lindholme	7 July 2016
Swaleside	26 July 2016
Chelmsford	16 August 2016
Bedford	27 September 2016
Isis	6 October 2016
New Hall	13 October 2016
Ford	18 October 2016
Foston Hall	21 October 2016
Risley	8 November 2016
Winchester	16 November 2016

Drake Hall	22 November 2016
Hindley	29 November 2016
Onley	2 December 2016
Buckley Hall	6 December 2016
Cardiff	13 December 2016
East Sutton Park	22 December 2016
Whatton	4 January 2017
Thorn Cross	5 January 2017
Hewell	10 January 2017
Leyhill	25 January 2017
Exeter	1 February 2017
Channings Wood	7 February 2017
Norwich	9 February 2017
Wymott	14 February 2017
Featherstone	28 February 2017
Durham	7 March 2017
Eastwood Park	9 March 2017
Guys Marsh	11 April 2017
Garth	19 April 2017
Bedford	17 June 2017
Huntercombe	27 June 2017
Birmingham	28 June 2017
Coldingley	5 July 2017
Pentonville	14 July 2017
Brixton	15 July 2017
Lincoln	20 July 2017
Bristol	25 July 2017
Whitemoor	26 July 2017
Preston	27 July 2017
Bure	15 August 2017
Haverigg	16 August 2017
Liverpool	20 October 2017

HMI Prisons inspections included within the findings

Establishment	Date published
Erlestoke	7 November 2017
North Sea Camp	14 November 2017
Holme House	5 December 2017
Downview	13 December 2017
Northumberland	21 November 2017
Wormwood Scrubs	8 December 2017
Swansea	4 January 2018
Dartmoor	12 December 2017
Liverpool	19 January 2018
Peterborough	23 January 2018
Lindholme	6 February 2018
Usk	20 February 2018
Prescoed	20 February 2018
Rochester	15 March 2018
Leeds	22 March 2018
Brinsford	27 March 2018
Gartree	14 March 2018
Altcourse	20 March 2018
Humber	17 April 2018
Springhill	10 April 2018
Hindley	1 May 2018
Nottingham	16 May 2018
Leicester	31 May 2018
Long Lartin	22 May 2018
Belmarsh	12 June 2018