

Social care in prisons in England and Wales: A thematic report October, 2018



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Peter Clarke, HM Chief Inspector of Prisons

- Ensures independent inspection of places of detention
- Reports on conditions and treatment
- Promotes required outcomes for those detained, and the public

Focus on outcomes for detainees



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Our purpose

We make sure health and social care services provide people with **safe, effective, compassionate, high-quality care** and we encourage care services to improve

Our role

We **monitor, inspect and regulate services** to make sure they meet **fundamental standards of quality and safety** and we publish what we find, *including performance ratings* to help people choose care



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Contributing to the protection of human rights

- OPCAT - Optional Protocol to the UN Convention Against Torture
- Dual national\international system of regular inspection of all places of detention
- NPM - National Preventative Mechanism (NPM)

Focus on prevention

Optional Protocol to the Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment; A/RES/57/199. Adopted on 18 December 2003; came into force 26 June 2006

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Prison inspections in England and Wales

- Programme of unannounced inspections
- Inspections circa every 2.6 years in prisons
- Approximately 47 prisons/IRCs in 2018/19
- Intelligence led/cyclical
- Thematic inspections
- Recommendations for change
- Urgent notification to the Secretary of State of prisons in crisis
- Accompanied by other inspectorates/regulators

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Anticipated outcomes of inspections

- Regular independent scrutiny
- Public assurance
- Improve outcomes for detainees
- Contribute to service improvement
- Support development of policy
- Contribute to protection of human rights

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Context of social care: general issues in prisons

- Violence and self harm
- Psychoactive substance use
- Safeguarding
- Enablement by the establishment
- Premises and equipment
- Integrated service delivery
- High turnover and demand, unpredictable workload
- Maintaining continuity

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Context of social care: health regulatory breaches in 2017/18

- Leadership and governance
- Staffing – numbers/skill-mix, supervision
- Medicines optimisation
- LTC management/care planning
- Triage/waiting list management
- Complaints management

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Context of social care: exacerbated morbidity and mortality

- Most experts agree that the illnesses profile of the prison population is 10 years more advanced than in the general population. This means that service planning for 'older' prisoners should start from 50 years of age. This is not always the case.*
- The predicted incidence [of dementia], based on data about deterioration in health in prison population is that it will be much more common in prisoners than in the general population.*
- High incidence of violence, self-harm and suicide.

*Moll, A. (2013) *Losing Track of Time. Dementia and the ageing prison population: treatment challenges and examples of good practice.* London: Mental Health Foundation

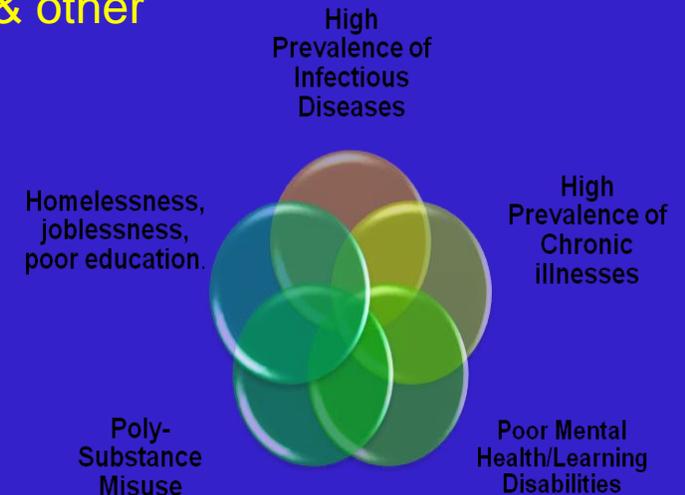
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Context of social care: multiple pathologies and multiple needs

Compared with peers in the community, people in prisons often experience ‘multiple pathologies’:

- A higher burden of infectious diseases (including HIV/AIDS, BBVs, TB & other respiratory infections, and STIs) & poorer vaccine coverage;
- A higher burden of chronic illnesses (including epilepsy, asthma, coronary heart disease, musculo-skeletal problems);
- Higher rates of substance misuse;
- Higher rates of learning disabilities;
- Higher rates of personality disorders;
- Higher rates of mental health problems.



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Self-care v State-care

*“The physical and mental health of detainees is particularly important, as imprisonment deprives them of the possibility to care for their health themselves, and can itself have a negative effect on detainees’ physical and mental health. The detaining authorities take on responsibility for ensuring that prisoners have access to satisfactory health, healthy living and working conditions, and appropriate medical care”**

*Association for the Prevention of Torture, 2004

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- **Self-care – Individual**

Activities of daily living

- **Community care – Prison**

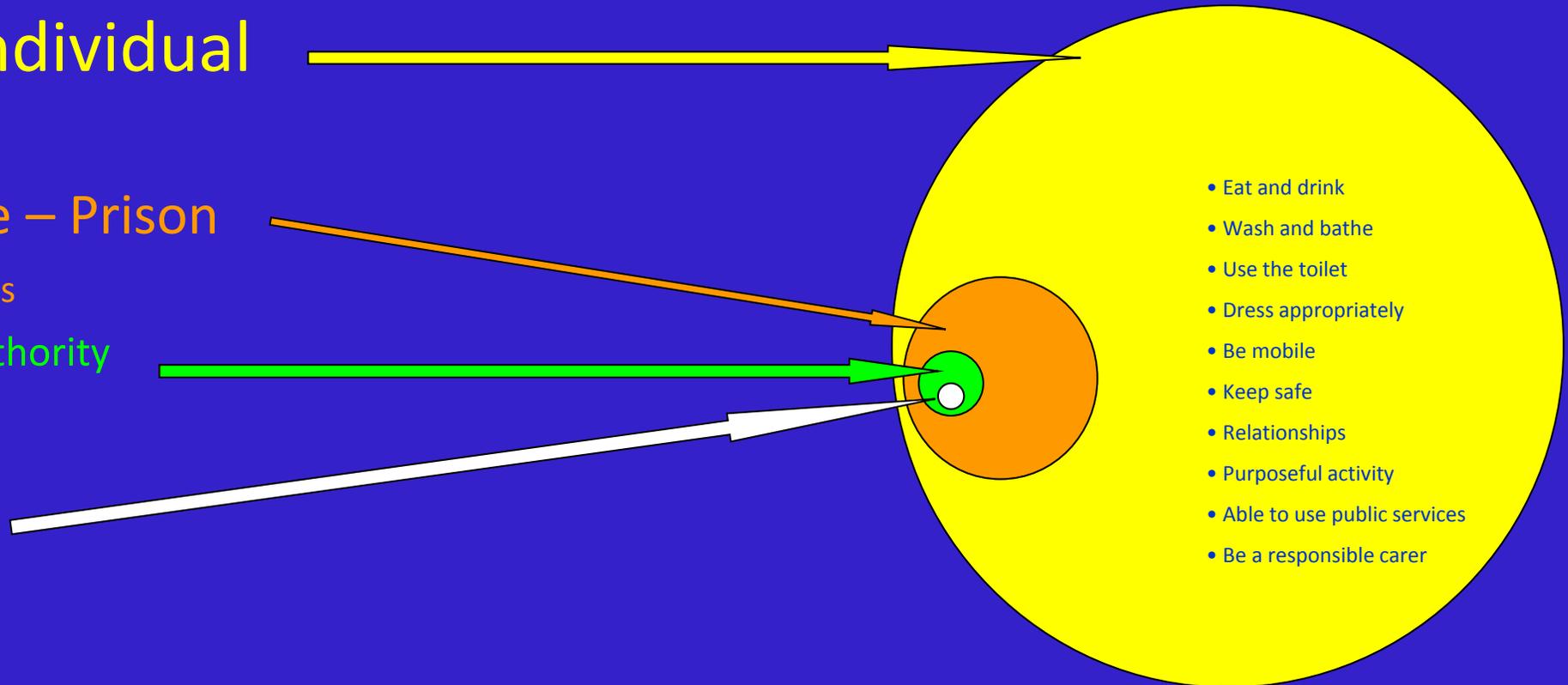
Social support and norms

- **Social care – Local Authority**

Assistance with ADLs

- **Health care – Healthcare provider**

Treatment of ill-health



*Roper, Logan and Tierney, 1980;

** www.nhs.uk/conditions/social-care-support-guide/pages/assessment-care-needs.aspx 19.09.16

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Self-care v State-care

“... {Under} Article 3 [of the European Convention on Human Rights], the State must ensure that a person is detained in conditions which are compatible with respect for his human dignity, that the manner and method of the execution of the measure do not subject him to distress or hardship of an intensity exceeding the unavoidable level of suffering inherent in detention and that, given the practical demands of imprisonment, his health and well-being are adequately secured by, among other things, providing him with the requisite medical assistance ...”

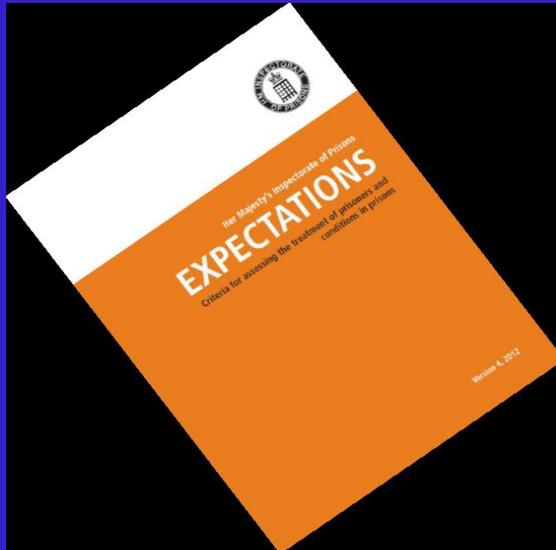
(Kudła v. Poland, judgment (Grand Chamber) of 26 October 2000, § 94).
ECHR Factsheet February, 2016



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HMIP expectations



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

*HMIP, July 2017 <https://www.justiceinspectorates.gov.uk/hmiprisons/our-expectations/prison-expectations/>

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Purposes of the thematic review:

- This inspection examined how social care is delivered in prisons in England and Wales.
- The key aims 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;
 - identify if revised strategic and operational approaches to social care have improved outcomes for prisoners; and
 - identify good practice in the delivery of social care within prisons to inform future practice.

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Advisory Group:

Peter Clarke, HM Chief Inspector of Prisons (Chairperson)
Ian Anderson, Association of Directors of Adult Social Services
Rupert Baillie, HM Prisons and Probation Services
Dr Linda Harris, Chairperson NHS-England Clinical Reference Group
Julian Hosking, Health and Wellbeing Co-Commissioning Senior Manager, HMPPS
Bobbie Jones, Senior Manager, CIW
Chris Kelly, NHS-England Deputy Head of Commissioning in Health and Justice
Aileen Murphie, National Audit Office
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Dr Jane Senior, Senior Research Fellow, University of Manchester
Nigel Thompson, Head of Children and Health and Justice Inspection, CQC

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Gary Turney, Health and Justice Inspector, CQC
Patricia Taflan, Research Officer, HMIP

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Project structure:

Phase 1 - Literature search, desktop and scoping (July - December, 2017)

Phase 2 - Fieldwork (October 2017 - March, 2018)

Phase 3 - Write up, QA and report (March 2018 – September 2018)

Publication date:

16th October 2018

<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/10/Social-care-thematic-2018-web.pdf>

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Background (1)

- Care Act 2014 in England
- Social Services and Well-Being (Wales) Act 2014
- Increasing prison population, coupled with longer sentences and sentences being given for historic offences, have contributed to its reshaping.
- HMI Prisons uses the age of 50 as a benchmark for defining 'old age' in prisons.
- The aging population within prisons, coupled within increasing frailty and incidence of dementia, has accelerated the need for prisons to address social care needs.
- 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.

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Background (2) - Prior to the Care Act 2014

- 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.*
- Observations on social care, from HMIP inspection reports

*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.

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Background (3) - Post Care Act 2014

- 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.
- This legislation has impacted on 58 local authorities in England which have one or more prisons under their jurisdiction.
- Following the introduction of the Care Act 2014, HMPPS introduced a new prison service instruction (PSI) stating HMPPS's responsibilities -PSI 15/2015.
- Updated by PSI 03/2016, the PSI indicates the steps which should normally be taken to access social care services.

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Background (4) - Post implementation of the Care Act

Planning for the future

- Health needs assessments – now include social care issues.
- We did not see a national or strategic plan for future social care provision in prisons, geographical placement of social care services in prisons, or of the resource planning necessary to meet the emerging need for social care services.
- 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 population*.

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

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Social care thematic inspection - Methodology

- Use of conventional inspection report and additional data collection conducted in eight establishments.
- Inspection data:
 - Before implementation of the Care Act 2014 - 53 inspections from 02nd April 2014 to 31st July 2015 (publication dates)
 - Post implementation of the Care Act 2014 - 76 inspections from 19nd August 2015 to 20th October 2017 (publication dates)
 - Primary data collection/fieldwork was conducted in 8 establishments in January and February 2018. These establishments were selected to include a range of the different functional types and local authority social care delivery models. Primary fieldwork was conducted at HMPs Peterborough (men); Peterborough (women); Exeter; Channing's Wood; Littlehey; Cardiff; Wakefield and Low Newton
- Triangulation of:
 - 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.

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Findings (1) – Leadership and management

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

- 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.
- Not all establishments inspected since July 2017 had an up-to-date memorandum of understanding between the establishment, local authority and social care provider.

Recommendations

- **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.**
- **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.**

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Findings (2) - Assessment of social care needs

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

- 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

- 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.

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Findings (3) - Delivery of social care

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

- 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.
- 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**
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.
- In line with existing policy, any prisoner providing social care support to another prisoner should be appropriately selected, trained and supervised.

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Findings (4) - Adapting the environment for social care

Expected outcomes: The diverse needs of prisoners are met.

- 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

- **All prisons should make reasonable and appropriate physical adaptations to promptly meet the social care needs of prisoners.**
- **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.**

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Findings (5) - Advocacy services

Expected outcomes: Prisoners can access advocacy services.

- Although advocacy was well established in prisons, it was underdeveloped in relation to social care.

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Findings (6) - 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.

- 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

- **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.**

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Summary of key findings

- Many older jails are ill-equipped to provide social care.
- The quality of social care is inconsistent across prisons.
- The ageing population within prisons, coupled with increasing frailty and incidence of dementia, has accelerated the need for prisons to address social care needs.
- The report shows that there have been some improvements in care for older and disabled prisoners since new legislation three years ago in England, and separately in Wales, required authorities to assess prisoners' care needs. Some prisons show good practice and there are many caring staff and caring fellow prisoners.
- There is inadequate consideration of what social care in prisons 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 represents a serious and obvious defect in strategic planning.

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1. What an exemplary service looks like: HMP Belmarsh

Joint inspection: CQC, HMI Probation, Ofsted, HMI Prisons

HMP Belmarsh, Category A, Local prison, 843 men

Visit: 29th January – 9th February, 2018

Report published 12th June 2018*

Local Authority: Royal Borough of Greenwich

Advocacy provider: Various, commissioned by LA

Social care provider: Care Grow Live (formerly CRI)

Health care provider: Oxleas NHS Foundation Trust



*<https://www.justiceinspectorates.gov.uk/hmiprisons/wp-content/uploads/sites/4/2018/06/Belmarsh-Web-2018.pdf> p37

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2. What good practice looks like: Observations

- Close partnership with the prison, CGL and Oxleas NHS Foundation Trust; tri-agency business and governance arrangements
- HMP Belmarsh lead governor well informed and visible; social care services advertised within prison (same as in community)
- Named and visible LA social care commissioner
- CGL familiar with working in Belmarsh - experienced manager, registered nurse, social carers from LA
- Well-trained and supervised peer prisoner supporters
- Prisoners with social care needs were identified during reception; initial care plan within 24 hours
- Assessment by specialist team with target to complete; comprehensive care package offered related to need
- Care plans subject to regular review and detailed records were completed; CGL registered nurse accessed health records
- Social care delivered in the prison and inpatient unit in a way that ensured prisoners' dignity and privacy
- Clients we spoke with were satisfied with adaptations made by the prison and the care they received.
- Social care service users were consulted to determine their views/design of booklets about the service
- Prisoners' social care needs were consistently met
- Clients had access to independent advocacy via the local authority
- There were problems when it came to assisting with the transfer of social care prisoners to other prisons

Good practice

Close partnership working between the local authority, CGL, the prison and Oxleas NHS Foundation Trust enabled exemplary social care to be delivered efficiently and seamlessly.

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3. What good looks like: **Exemplary**

- Close partnership with the prison, CGL and Oxleas NHS Foundation Trust; tri-agency business and governance arrangements
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- LA commissioner well informed and visible
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Thank you

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<http://www.justice.gov.uk/about/hmi-prisons/>