

Enclosure One

Social Care in Prisons Survey – March 2007
Summary of Results

This report is an enclosure to the HSMC report 'Adult Social Care in Prisons – a strategic framework'.

Purpose of Survey

The intention of the survey was to capture current practice in prisons, to gather issues to address in the Strategic Framework for Social Care in Prisons, and to identify particular examples of good practice which could be shared more widely.

Response Rate

The questionnaires were sent out to the prison service in England and Wales on the 20th February (139 prisons) and all responses returned by the 22nd March were included in the analysis. Overall 81 responses were returned which corresponded with 77 establishments (there were two separate respondents from five of the prisons, and a composite response from two adjacent prisons which has been treated as a single response - meaning that tables show 76 as the total number). The response rate to the survey is effectively a healthy 55%, offering a rich picture of current social care issues within the prison estate. A copy of the questionnaire is attached at the end of this report.

The HSMC team is very grateful for the careful and detailed answers to the survey given by many respondents; the results have been invaluable in shaping the Strategic Framework.

The Prisons who responded

Responses covered a good range of prison types and included some women's establishments and Young Offender Institutions (YOIs), and one Immigration Reception Centre (IRC). The response rate from women's prisons is slightly lower than for males at 38% compared to 56%. A range of different sizes of prison was also represented. Tables 1 – 3 provide a detailed breakdown. NB Prisons which have a YOI in addition to an adult facility are shown in the adult categories.

Category of Prisoner

Table 1

	Freq of prisons	%
A/High Security	4	5.3
B	25	32.9
B/C	8	10.5
C	20	26.3
C/D	2	2.6
D	7	9.2
YOI	9	11.8
IRC	1	1.3
Total	76	100.0

Gender of Prisoner held

Table 2

	No. of prisons	%
Male	69	90.7
Female	6	7.9
Both M + F	1	1.3
Total	76	100.0

Operational Capacity

Table 3

	Freq	%
Up to 400	21	27.6
400-600	20	26.3
600-800	17	22.4
800-1000	8	10.5
1000+	10	13.2
Total	76	100.0

Range from 128 to 1475 prisoners

Any special designation regarding older or disabled prisoners

Eleven prisons (15%) noted that they had cells suitable for disabled prisoners, three of these being with the Healthcare unit. No respondent noted any special designation as such.

Numbers of Older and Disabled prisoners

The number of male prisoners over 60 was asked for as this figure is routinely collected – see Table 4 below.

Approximate number of male prisoners over 60

Table 4

	Freq	%
None	11	14.5
Between 1 - 9	16	21.1
Between 10 - 19	9	11.8
Between 20 - 29	8	10.5
30 or more	16	21.1
<i>not answered</i>	16	21.1
Total	76	100.0

Range from 0 to 200 prisoners

Studies have shown that prisoners may exhibit a biological age up to 10 years greater than their chronological age (e.g. Mitka 2004), meaning that some of

these over 60s may share the health profile of over 70s in the community. Most of the respondents for male prisons who answered this question noted having some over 60s; 43% had at least 10 and 21% had 30 or more. However, no information was offered in 21% of responses so these figures can only be taken as a general indication of the distribution of older prisoners within the sample population.

For women, the number of over 50s was asked for as other studies have shown very low numbers of over 60s. Even considering the much smaller female prison population and this lower threshold age the sample population indicated far fewer older women as compared to men – see Table 5.

Approximate number of female prisoners over 50

Table 5

	Freq	%
None	2	2.6
Between 1 - 9	2	2.6
Between 10 - 19	1	1.3
Between 20 - 29	2	2.6
30 or more	0	0.0
<i>not answered</i>	69	90.8
Total	76	100.0

Range from 0 to 25 prisoners

When asked about numbers of prisoners with significant mobility problems 56% (n=43) noted at least one person and 17% (n=13) had 10 or more. Looking across these prisons, and taking Categories B and C together, they were far more likely to have either none or fewer than 5 (44%) than they were to have 10 or more (20%). Table 6 below summarises the data.

Approximate number of prisoners with significant mobility problems

Table 6

	Freq	%
None	23	30.3
Between 1 - 4	21	27.6
Between 5 - 9	9	11.8
Between 10 - 14	8	10.5
15 or more	5	6.6
<i>not answered</i>	10	13.2
Total	76	100.0

Range from 0 to 42 prisoners

While the survey sample clearly covers prisons with differing numbers of older and disabled prisoner, the data raises a more complex question as to whether those prisons with higher numbers are more likely to have appropriate facilities and adjustments when compared to prisons with only a handful of such prisoners. Unfortunately, it was beyond the scope of the survey to address this question, though it is worth noting that the requirements to make reasonable adjustments apply even if there is only one prisoner with a disability.

In the sections that follow we have, where appropriate, shown the question that was asked in italics, followed by a summary of responses. Some questions are summarised for ease of reading. Section numbers relate to question numbers in the questionnaire.

Section 1: Leadership of Social Care Issues Within the Prison

1.1 Is there a senior lead for social care issues within the prison?

In 42% of prisons (n=34) there was a specific lead for social care issues. Of these the most frequently cited job title undertaking this role was Head of Healthcare, but also cited were Senior Probation Officer, Diversity Manager, and Head of Residential. In terms of seniority the responsibility sat anywhere from Deputy Governor and Director level through to Operational Managers (grades D, E and F).

While 44% of prisons (n=36) had no specific lead, a third of these went on to describe how the leadership came under a range of senior posts within the prison. Again Head of Healthcare was the most frequently cited post alongside the others noted above, but also mentioned were Heads of Learning Skills, Resettlement, Safeguarding, Children and Families, with Disability Liaison Officers also listed. In the remaining 14% of prisons respondents either did not know or did not answer.

The overall picture suggests that often leadership of social care issues is neither clearly defined nor specifically located within any predictable post.

1.2 Is there any regular liaison with local social services at senior management/strategic level?

Only 14 prisons (17%) answered positively to this question, with a clear No from 67% of prisons. Where further information was given about such liaison as existed it appeared to relate either to the needs of specific prisoners or to public safety (MAPPA, Child Protection). Only one establishment, a YOI, referred to having quarterly review meetings “to ensure continuity and consistency of service delivery and to review current practice and future developments”.

1.3 *Is there any regular liaison at a social services practitioner level?*

31% (n=25) of prisons cited some regular liaison, although the most consistent response was that there was ad hoc input around specific prisoners, and this mostly concerned resettlement. One prison noted having access to telephone advice. Social services inputs appeared to be highly valued when available. Social services were most often secured via Healthcare or came as part of joint agency teams such as mental health in-reach or CARATS. Social workers attended child protection meetings in three prisons. It appeared that the most explicit social care inputs were in the YOIs: one noted a dedicated seconded full time Senior Practitioner/ Social worker experienced in disability issues, and another likewise employed a social worker.

1.4 *Is there a Disability Liaison Officer (DLO) for the prison? How much facility time is the officer officially allowed per week for undertaking this role? How much time is taken in practice and what would be ideal?*

Over 90% of prisons answered yes to this question, although in some cases the role is part of another such as Diversity Officer so the time allocated to the role was difficult to quantify. Very few prisons had specific facility time identified for the role (n=14), although some had an “as required” approach. In terms of the actual amount of time devoted to the role the majority spent one day a week or less (n=33), with only a handful clustering around half time, and 4 citing full time activity. In response to the question about the ideal amount of time needed for the role 22 prisons wanted more time, 5 were happy with what they had and 2 thought they could make do with less. While many of the ideal amounts of time suggested clustered at one day a week or less (26), a significant number wanted between 2 and 3 days a week to undertake the role adequately, and 11 considered full-time posts to be appropriate.

1.5 *Is there a regular forum in the prison where disability issues are addressed? If yes are there prisoner representatives at this forum?*

Nearly 79% of prisons had such a forum (n=56), and 68% of these included prisoner representatives (n=38). The types of meeting at which social care/disability issues were addressed included the following: Diversity, Race Equality, Equal Opportunities, Safe Custody, Decency, Health and Safety. Respondents were asked for examples of any real changes this forum had brought about and how influential they thought it was. While there was a broad spectrum of opinion on the latter, more often than not they were considered to have at least moderate influence; some noted that it was still too early to tell. The types of changes brought about were many and varied, and were more often than not modifications to improve access to facilities for prisoners or visitors, and provide aids and adaptations for prisoners with mobility problems or hearing and sight impairment. Some also noted that awareness was raised through the group and multi-disciplinary working was enhanced.

1.6 *Does the prison have a specific policy aimed at implementing the requirements or advice of these national policies/initiatives?*

Table 7 below summarises the responses to this question in relation to some key population-wide national strategies.

Table 7

National Policies and Initiatives	Yes		No		DK		missing	
	f	%	f	%	f	%	f	%
Disability Discrimination Act	75	92.6	5	6.2	0	0.0	1	1.2
Mental Health National Service Framework	54	66.7	13	16.0	10	12.3	4	4.9
Older People's National Service Framework	19	23.5	44	54.3	12	14.8	6	7.4
Our Health Our Care Our Say	11	13.6	38	46.9	27	33.3	5	6.2
Valuing People (National Learning Disabilities strategy)	8	9.9	40	49.4	28	34.6	5	6.2

Unsurprisingly the most actively pursued of these policies appears to be the Disability Discrimination Act (DDA), where legislation and Prison Service Order (PSO) 2855 have required explicit action. The Mental Health NSF had reasonable penetration at nearly 67%, possibly attributable to the mental health in-reach service available to prisons, faring better than other care group-related strategies. While PSI 3500²⁵ brought the Older People NSF to the attention of prisons in 2001, and highlighted the role of social services department in meeting older prisoners' needs awareness of this strategy appears to be low at 24%, though this figure might have been higher if more survey respondents had been Healthcare Managers. It is concerning that Valuing People appears to have had so little impact, not least as studies have shown a significant proportion of the prison population as having some level of learning disability (e.g. Mottram 2007, Rack 2005) and learning disabilities arises as a training issue in the survey (see S5.3 below).

1.7 *How are complaints and concerns regarding prisoners with disabilities/special support needs monitored by senior management?*

The most frequently cited mechanisms were the formal complaints systems (prison service or health) (n=25), though some noted that there was no specific monitoring of complaints for disability/social care issues, and via specific regular meetings (n=24). In a smaller number of cases routine reports were prepared (n=9) and information was shared with specific senior managers (n=8) who might then take the information to Senior Management Team meetings. Some respondents acknowledged that there was no specific process (n=3), or that

monitoring was purely on an individual rather than collective basis (n=5). DLOs and prisoner committees were also involved in a few prisons.

Section 2: Reception, Induction and Sentence Planning

2.1 Screening for needs

Respondents were asked to indicate which of these statements applied regarding identifying needs:

All prisoners are screened for social care needs: 70%

Only prisoners with evident needs are screened: 14%

No screening for social care needs is undertaken: 4%

Other: 12%

These results raised further questions as to the nature of this screening; although respondents were invited to attach their screening forms only one did so.

2.2 Factors taken into account in screening

Respondents were asked to indicate the extent to which they took account of a number of factors during screening on a range from Never to Always. These were translated into a numerical score with Always equating to 5. The mean ratings for the 11 factors ranged from 4.24 to 4.91 i.e. within the “Mostly” range. The two factors that scored highest were mental illness (4.91) and mobility (4.80) whilst the lowest were ability to undertake personal care/hygiene issues (4.24) and cognitive impairment (e.g. confusion, dementia) (4.48). The differences between these ratings need to be treated with caution as they are small. Of course, all of these factors (to some degree or other) could be seen to have a health as well as social care component. Likewise the “learning difficulty/disability” factor includes needs that would be most likely described as educational within mainstream services. Considered from a slightly different analysis only 62% of respondents indicated that they always took into account personal care/hygiene issues during screening.

2.3 Induction arrangements

Respondents were asked the extent to which induction arrangements were modified to address a prisoner’s special support needs/disabilities once identified: 57% indicated that they always modified such arrangements.

2.4 Planning for resettlement

20% of respondents never or rarely assessed the resettlement needs of prisoners with special support needs/disabilities at the reception/induction stage.

2.5 *Developing care plans*

Whilst 32% of respondents reported that they always developed personal care plans with prisoners to address special needs/disabilities within one week, 29% replied that this never or rarely happened. It is not clear from the questions and answers whether such care plans were developed to any degree beyond the one week post-reception period.

2.6 *Monitoring care plans*

Asked whether personal care plans were actively monitored at least every 12 months 33% answered always and 17% mostly whilst 15% replied never (presumably at least some of the 10 respondents who recorded a “don’t know” did not have any personal care plans).

2.7 *Integrated assessments*

Asked whether integrated health and social care assessments were undertaken 27% replied positively, 51% said no and 19% were not aware: the nature of the question does not specify what precisely is meant by an integrated assessment so it is possible that the social care dimension of assessment has either been over or under-stated.

2.8 *Social services assessments*

Asked whether social service staff come into the prison to undertake assessments for prisoners identified as having social care needs 33% (n=23) replied positively, 27% said no and 36% did not know. Further information is given about the occasions when there is seen to be a positive Social Services response. There is a reference to “appropriate responses to a limited number of cases” and “quick to respond...excellent follow up appointments” and “a good response on the single occasion”. It is less clear who in fact is making this response as there are also references to local PCTs providing support (e.g. the provision of Occupational Therapy). One response indicated that Social Services involvement was “only if the integrated post holder happens to be a social worker” and another reported that involvement “required a Court Order”. Specific examples mentioned were referral to Social Services after a prisoner had a stroke, for visual impairment assessments, wheelchair fitting, and on occasions prior to release.

Responses to a supplementary question about how these assessments affect where prisoners are accommodated within the prison and how they are supported were very general, saying that such needs are met where possible but there are inevitable limitations on what is available. References were made to health care staff but not to social care, e.g. in ensuring appropriate cell allocation for people with mobility problems and in paying for disability adaptations. One

respondent said that “assessments from outside” were usually concerned with release issues whilst another reported that “Social Services do not usually impact on prison-based accommodation”.

There were various reasons given as to why Social Services did not get involved in assessments (when this was the case): these tended to be quite basic ones such as the prisoner was far from home (and thus the relevant Social Services also), absence of any links, and a questioning of whether they had even been approached. One response mentioned that “they charge the prison” and this had been a deterrent. For at least one prison this was just a low priority “not core business” and for another “the healthcare department can pick up these needs”.

2.9 *Links with voluntary organisations*

Nearly one third of respondents did not answer the question as to whether there were links with voluntary organisations through which advice and help can be obtained for the needs of specific prisoners. Of those 47 who did reply, almost all scored these links in the mid to high range of helpfulness. Clearly for some prisons this was a very important source of assistance – “we can get local support for any matter if requested”. National as well as local organisations were mentioned although these former (for very specific aspects) were seen by one prison as more relevant for prisons in the south i.e. nearer to their headquarters. Advocacy for prisoners was a particularly prominent issue in these responses. Holistic and one to one support was mentioned in another response. Other aspects of support mentioned were: equipment loan, cultural aspects, and various forms of information and advice (housing, social care, finance, domestic violence, mental health, disability, old age).

It was acknowledged that often this form of support depended on volunteers and inevitably their time was finite. It seemed too that more local co-ordination would help to ensure that the support available was more systematic and strategic and less haphazard.

2.10-12 *Sentence planning*

62% of respondents indicated that where there were health and disability factors which may affect a prisoner’s ability to move to a lower category of security these were recorded and taken into account, whilst 10% admitted that this was never the case. In terms of access or support to attend sentence planning boards in person 84% of respondents noted that prisoners with mobility problems “always” attended in person and 77% replied “always” in terms of support for those with communication/learning difficulties, which raises some concerns about equity for the significant number who cannot always attend personally.

To conclude the section on assessment, induction and sentence planning respondents were asked for examples on what works well. Working together and

developing a personalised, individual approach (that addressed needs rather than just symptoms) were the key themes to emerge. Prison management working together was mentioned as well as the importance of a multi disciplinary approach to assessments that made use of all available professional skills (e.g. mental health and learning disability nurses). The development and use of a single assessment process and co-ordinated care management plans was mentioned by one respondent – clearly the proper references from social care! There was mention made of a “disability questionnaire” to be used after a relevant initial assessment, presumably the disability disclosure form which should be completed by each prisoner in order to comply with PSO2855. The importance of having good information, and it being available to everybody in the prison who would make use of it, was stressed.

The relationship with and involvement of individual prisoners was also emphasised, including the use of advocacy and other forms of prisoner support if these were seen as necessary. This might involve bringing in outside organisations “and making them welcome” in the process, e.g. interpreting services. It could also mean the early identification of “offender supervision and a personal link”.

Section 3: Prison Regime

Respondents were asked to complete a table indicating the degree to which reasonable adjustments were made to support prisoners with a range of daily living activities. The table asked for what happens in the mainstream prison regime to be differentiated from the experience of those subject to a modified regime, such as living on a Vulnerable Prisoners wing, or located in Healthcare or Segregation. Once again they were asked to rank their responses on a scale ranging from “never” to “always”.

Those who responded to the survey tended to be less confident in providing answers for prisons subject to a modified regime: while on average 88% of questions relating to the mainstream regime were completed, the completion rate averaged 63% for the modified regimes. The data is therefore somewhat thinner in this area. However, there were some trends apparent in the data suggesting that prisoners with special support needs/disabilities fared better on all counts than prisoners subject to modified regimes. Reasonable adjustments were “mostly” or “always” made more frequently on the mainstream regime on all 18 dimensions. The “sometimes” column was more likely to be completed in regard to the modified regime. When the data for respondents who consistently filled in answers for both the mainstream and modified regimes (i.e. possibly had good knowledge of both) is looked at separately, the areas of most discrepancy (i.e. worse in modified regime) are: “undertake an appropriate job”, “take up offending behaviour programme” and “socialise with other prisoners”.

Two activities scored consistently low for both mainstream and modified regimes, these being “finding constructive daytime occupation for retired prisoners” and “retirement planning for older prisoners”.

Please describe the extent to which such prisoners rely on other prisoners to assist them with some of these activities. Also comment on how formalised this is, and how appropriate you think it is.

Over 30% of respondents noted either some or significant informal support between prisoners, while more gave practical examples of the types of help given. Examples more often related to mobility issues such as assistance with pushing wheelchairs but also included collecting meals, providing learning support, cleaning, and language support for non-English speaking prisoners. One respondent stressed the importance of peer support as a means of encouragement, and another noted how several young offenders in a YOI were learning British Sign Language to support a hearing impaired prisoner on their wing. A range of examples of more formalised schemes was given by respondents such as a Listener programme, Samaritans, Meet and Greet, Toe to Toe (literacy scheme), Buddy system, Peer Mentor scheme and Drug support workers (via CARATS).

While some of the roles above may be paid and others not, respondents also gave examples of formalised paid carer roles within 9 prisons. These came under a range of titles such as Diversity Orderlies, Disability Helpers, and Peer Support Workers. One noted a carer’s facility and another described wing trusties as taking on a formal caring role. The degree of formalisation could include vetting, training and a formal job description.

The overwhelming message from respondents was that prisoner to prisoner support was both appropriate and vital, and several expressed a desire that where this was purely informal it should be established on a more structured basis.

What do you think about the possibility of an accredited scheme for training prisoners to support other prisoners in matters such as personal care?

84% of respondents considered this a very positive proposal, with 10 even describing the suggestion as “excellent”. Many expressed concerns that this should be carefully set up with rigorous risk assessments, and that it should also entail proper training, preferably leading to recognised qualifications such as an NVQ in Social Care. Where comments were less favourable these generally concerned the practicality of such a scheme in high turnover prisons. Only two respondents considered this to be unacceptable and unsafe.

Please describe the extent to which prisoners are inappropriately accommodated on the health care wing, and why this happens.

Of the 28 respondents for whom the question was relevant (i.e. the prison has a 24 hour healthcare facility), half answered that this did not happen, or was very rare. The other half noted placement of people with physical disabilities in healthcare either temporarily or permanently due to the location of accessible facilities, but this did not appear to be a major problem for either prisoners or staff in most of the establishments concerned. People with significant mental health problems, behavioural issues and personality disorder were also sometimes located in healthcare as the only place where their needs could be met; sometimes this was appropriate, but one respondent felt that this was due to a lack of understanding in the prison generally rather than dictated by client needs. Another suggested that sometimes people need sanctuary and that this is an appropriate use of the health care facilities. One prison cited overcrowding and other system failures as the cause of almost daily inappropriate placements on the healthcare wing. Another had found an admissions policy very helpful in preventing inappropriate placements.

Please give examples of adjustments that have been made in your prison, including regime modifications, provision of aids and adaptations, or other adjustments.

A wealth of examples was given of modifications that had been made. There was an emphasis upon building adaptations such as ramps, lifts, disabled cells, physical aids such as grab rails, shower seats, wheelchairs or even electric beds in one prison, alongside smaller scale aids including adapted food trays and keyboards. Approximately 20% of respondents gave examples of aids for visually impaired prisoners (e.g. Braille materials, high visibility paint markings, large print books) and a similar proportion cited adaptations for hearing impairment (e.g. induction loops, teletext TVs). Two prisons had staff trained in British Sign Language).

There appeared to be more emphasis overall upon ensuring buildings compliance with the DDA than there was upon regime adjustments though this appeared to vary considerably between prisons. Several examples were given of how individual care plans had been constructed around people with specific disabilities. More general regime adjustments included the provision of work or education within the cell, tailored education programmes, including peer support, "personal movement" to work and activities i.e. at prisoners own pace. Staff in one prison were training as Walking for Fitness trainers so as to focus on the fitness of older prisoners and potentially address social problems by encouraging people out of their cells. One respondent described how employment in a charity workshop was available for people with emotional problems to provide a less demanding environment.

Twenty percent of respondents (n=18) either did not provide examples, stated that no modifications had been made, or indicated that the question was not applicable - but did not reveal whether this was because their buildings were

already compliant with the DDA and/or because they did not have any prisoners with special needs/disabilities. Five also specifically stated that there had been no regime modifications.

Section 4: Resettlement/Reintegration

4.1-4.5 Involvement of social services, offender managers and voluntary organisations

There was limited reference to social services being involved in the resettlement process: one reference to “the integration between social services and healthcare to achieve the best outcome for people with a disability” and another to links with prisoners’ local social services. Healthcare received more mentions – including with housing applications. It was not clear from the responses the extent to which (if any) social services were involved in teams such as “dedicated resettlement unit”, “housing unit”, and “assisting those with learning difficulties”. Several references were also made to the importance of Probation and local voluntary agencies.

4.6 Factors considered in resettlement planning

Respondents were asked to rate the frequency with which a range of factors were considered during resettlement planning. The most frequent factors “never” considered were all connected with aspects of social care: ability to shop and cook (20%), support in caring and parenting (13%), the need for social services assessment and support (12%) and personal care and hygiene issues (10%).

Respondents addressed questions concerning pre-release assessments and release plans: 61% “always” and 16% “mostly” assessed prisoners for any particular difficulties in re-establishing themselves outside prison; for 22% this “always” included a joint health and social care dimension but for another 22% it “never” did. For release plans there were also relatively low incidence of social services involvement on a regular basis: 12% “always” involved them for prisoners with special support needs/disabilities and 10% of offender managers involved social services. For the majority involvement of social services did occur but it was on an intermittent basis. The involvement of relevant voluntary organisations in release plans was similar: 10% indicated that they “always” used them, 14% “mostly”, 33% “sometimes”, 17% “rarely” and 10% “never”.

Respondents were asked for examples of what worked well regarding resettlement of prisoners. Most responses were concerned with particular needs that could be met, mainly work and accommodation. Two replies stated that because they had a limited number of releases each year they were able to take a properly focused and holistic approach for prisoners including those with disabilities. Another response referred to the importance of respecting the

“difference that disabled prisoners have and championing their needs by resettlement staff” and another to the Offender Management module.

Section 5: Highlighting what works well and your priorities for change

5.1 Further examples of approaches that work really well

Fifty-seven % of respondents gave at least one example. These were very wide ranging, covering reception screening/assessment, care planning, education, resettlement, cultural issues, partnership working with health and other agencies, communications within the prison and prisoner involvement, the role of the DLO and obtaining occupational therapy support and aids and adaptations. A proportion of these examples were followed up with respondents in order to understand the detail in order to inform the Strategic Framework.

5.2 Please also give examples of changes you would like to introduce in your prison to improve support to prisoners with social care needs

The answers to this question clustered far more around obtaining specialist social care or other inputs for prisoners, and increasing the awareness and skills of prison officers, than it did around improving the physical facilities of the prison (only raised by 12% of respondents). The broad themes are listed below in order of frequency with the most cited at the top; some respondents gave several examples.

More inputs from other organisations into the prison:

Improved support and liaison with social services (n=17)

Better health care/access to PCT facilities (n=9)

Structured visits from range of outside agencies e.g. for resettlement (n=7)

Better links with voluntary sector (n=5)

Education and training

General awareness for prison officers/contact staff (n=12)

Training for prisoners as carers/assistants (n=6)

More training for prisoners in life skills and preparation for release (n=3)

Training for staff in learning disabilities (e.g. effective communication) (n=2)

Improved physical facilities and resources/ funding for improvements (n=15)

Strengthened leadership and more appropriate culture (i.e. non-medicalised) (n=6)

5.3 Would any training or awareness-raising be helpful? If YES, in what specifically?

This question helpfully amplified the education theme arising in the previous question. General awareness for prison officers was cited most often (n=17), but two respondents made the point that this should only be undertaken if there were more resources available to meet prisoner needs thus identified. More specifically, respondents singled out specific care groups around which training would be helpful:

- Learning disability (n=10)
- Mental health (n=9)
- Physical disability (n=7)
- Older people (n=6)
- Disease in general (n=3)

Another significant theme was for prison staff to have more awareness of the resources available in the community outside which could be helpful to prisoners (n=12). Training for DLOs constituted another small category (n=4). There was no reply to this question from 27% of respondents.

5.4 What else would need to happen in order for you to be able to give a higher priority to meeting the social care needs of prisoners?

Resources of one kind or another dominated answers to this question (n=34), whether in terms of money, trained staff, time or appropriate buildings or space. Another strong theme concerned leadership of the prison social care agenda, whether nationally or locally (n=18). This should manifest via guidance and specific requirements from the centre including setting up key performance targets, which could be combined with clearer local leadership, strategies and action plans. Two respondents felt that the Prison Service should put duty of care at the same level of priority as security. Help from outside organisations was also needed (n=12) with social services being prominent, alongside voluntary organisations. A few respondents saw joint agency approaches as being important, whether at client or strategic level. Training once again was raised (n=8). 28% of respondents did not answer this question.

5.5/6 What other issues should the proposed National Strategy for Social Care in Prisons address?

An impressive 57% of respondents still had the energy to answer this last catch-all question:

- Resources to meet needs (n=14)

- Addressing social care gaps/community equivalence/formal strategy of liaison (n=8) (“social care should be part of all prison establishments”)
- Training (n=7)
- Appropriate alternative settings to prison e.g. for mental health issues (n=3)
- Appropriate allocation, including near home (n=2)
- Strategy should be fully supported and integrated part of NOMS (n=1)
- Align social care issues within existing prison workstreams rather than new strand of business (n=1)
- Guidance should be adjusted to different types of prison (n=1)
- Specialist prisons? (n=3) (3 prisons, same respondent)
- New buildings should be DDA compliant (n=1) - a new build coming on stream was not!
- “Underlying the policy guidance must be retained respect for the individual prisoner’s right to confidentiality and choice” (n=1)

.....

REFERENCES

- Mitka, M. (2004) Aging Prisoners Stressing Health Care System. *Journal of the American Medical Association*. 292(4): 423-424
- Mottram, PG. (2007) HMP Liverpool, Styal and Hindley Study Report. University of Liverpool
- Rack, J. (2005) “The Incidence of Hidden Disabilities in the Prison Population.” Egham, Surrey: Dyslexia Institute.

Social Care in Prisons Questionnaire

Contact Person (in case we have any queries about your response)

Name:	Job Title:
Email Address:	Phone Number:

About Your Prison

Prison Name:	Category & Gender:
Operational Capacity:	

Please describe any Special Designation regarding Older or Disabled Prisoners, including numbers

--

Approximate no. of male prisoners aged over 60: of female prisoners aged over 50:
--

Approximate no. of prisoners with significant mobility problems:
--

Section 1: Leadership On Social Care Issues Within The Prison

1.1 Is there a senior lead for social care issues within the prison Yes No Don't Know

If YES , at what level of seniority? What are the main responsibilities involved in being the lead for social care issues?
--

1.2 Is there any regular liaison with local social services at senior management/strategic level?

Yes No DK

If **YES**, please describe what happens and rate its effectiveness in securing social care input to the prison and/or providing general advice and support. [Place an X on the line]

Not at all effective — — — — Very effective

1.3 Is there any regular liaison at a social services practitioner level?

Yes No DK

If **YES**, please describe what happens and give your own rating of how well it works in practice for both prisoners and prison staff:

Not at all effective — — — — Very effective

1.4 Is there a Disability Liaison Officer for the prison?

Yes No DK

If **YES**, how much facility time is the officer officially allowed per week for undertaking this role?

Roughly how much time does the role get in practice?

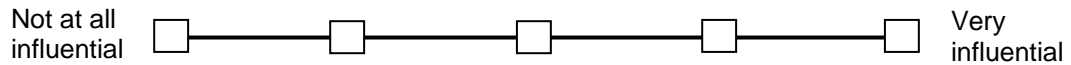
How much time do you think would be ideal for this role?

1.5a Is there a regular forum in the prison where disability issues are addressed? Yes No DK

1.5b If **YES**, are there prisoner representatives at this forum? Yes No DK

Please give examples of any real changes it has brought about.

Please rate how influential you think this forum is in improving life for prisoners with special support needs/disabilities.



1.6 Does the prison have a specific policy aimed at implementing the requirements or advice of these national policies/initiatives?

- a Disability Discrimination Act? Yes No DK
- b Older People's National Service Framework? Yes No DK
- c Valuing People (National Learning Disabilities strategy)? Yes No DK
- d Mental Health National Service Framework? Yes No DK
- e Our Health Our Care Our Say? Yes No DK

1.7 How are concerns and complaints regarding prisoners with disabilities/special support needs monitored by senior management?

1.8 How suitable do you think your prison is to accommodate prisoners with special support needs/disabilities? Please describe any specific problems.

Section 2: Reception, Induction & Sentence Planning

2.1 Please indicate which of these tests applies regarding identifying needs:

- All prisoners are screened for social care needs
- Only prisoners with evident needs are screened
- No screening for social care needs is undertaken
- Other

Please attach the screening forms you use, if possible.

2.2 The following factors are taken into account during screening:

	Never	Rarely	Sometimes	Mostly	Always	DK
a Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Need for special cell and/or seating adaptations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Visual impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Hearing impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Speech impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Severe disfigurement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Learning difficulty/disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i Cognitive impairment (eg confusion, dementia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j Progressive or chronic conditions affecting daily living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Ability to undertake personal care/hygiene issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3 Induction arrangements are modified to address a prisoner's special support needs/disabilities, once identified

2.4 Resettlement needs of prisoners with special support needs/
Disabilities are assessed for during the reception/induction stage

2.5 Personal care plans are developed with prisoners to address
special needs/disabilities within one week of admission

2.6 Personal care plans are actively monitored at least every
12 months or more frequently if needed

2.7 Integrated social and health care assessments are undertaken? Yes No DK

If **YES**, please attach copies of the forms used, if possible.

2.8 Will social services staff come into the prison to undertake assessments
for prisoners who have been identified as having significant
social care needs? Yes No DK

If **YES**, please give your own opinion on how adequate and helpful their response is both to prisoners and to staff

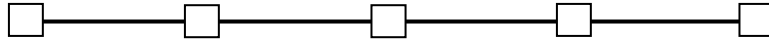
To what extent do these assessments affect where prisoners are accommodated within the prison and how they are supported?

If **NO**, please give your own understanding of why they do not undertake assessments.

2.9 There are links with voluntary organisations through which advice and help
(paid staff or volunteers) can be obtained for the needs of specific prisoners Yes No DK

If **YES**, please give your own view of how well this works

Not at all helpful



Very helpful

Please give examples of how voluntary sector support could (further) help prisoners.

- | | Never | Rarely | Sometimes | Mostly | Always | DK |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 2.10 When there are health and disability factors which may affect the prisoner's ability to move to a lower category of security these are recorded and taken account of in categorisation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.11 Prisoners with mobility problems are supported to attend sentence planning boards in person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.12 Prisoners with communication difficulties/learning difficulties are supported to attend sentence planning boards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Please give examples of what works well in terms of assessment, induction and sentence planning within your own prison, which may be useful to other prisons

Section 3: Prison Regime

This section asks you to distinguish between the potentially different experiences of prisoners with special support needs/disabilities within (A) Mainstream Prison Regime, and (B) within a modified regime eg those classified as “Vulnerable Prisoners” located in Healthcare or in Segregation.

<u>A</u>					Reasonable adjustments are made to support prisoners with special support needs/disabilities to do the following:	<u>B</u>						
<u>Mainstream Regime</u>						<u>Modified Regime</u>						
Never	Rarely	Sometimes	Mostly	Always		Never	Rarely	Sometimes	Mostly	Always		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	⇐	Reasonable adjustments are made to support prisoners with special support needs/disabilities to do the following:	⇒	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		a. take up offending behaviour programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		b. access drug and alcohol programmes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		c. access education/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		d. retirement planning for older prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		e. undertake an appropriate job within the prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		f. find constructive daytime occupation (retired prisoners)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		g. maintain fitness & mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		h. socialise with other prisoners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		i. choose library books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		j. receive visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		k. attend collective worship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		l. keep their cells clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		m. use of toilet as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		n. keep themselves clean (daily access to bath/shower)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		o. fetch food from the canteen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		p. keep warm inside and outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		q. be comfortable in their cells, via special equipment or adaptations, if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		r. access counselling and psychological support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe the extent to which such prisoners rely on other prisoners to assist them with some of these activities. Also comment on how formalised this is, and how appropriate you think it is.

What do you think about the possibility of an accredited scheme for training prisoners to support other prisoners in matters such as personal care?

Please describe on the extent to which prisoners are inappropriately accommodated on the health care wing, and why this happens.

Please give examples of adjustments that have been made in your prison, including regime modifications, provision of aids & adaptations, or other adjustments.

Section 4: Resettlement/Reintegration

	Never	Rarely	Sometimes	Mostly	Always	DK
4.1 Prisoners are assessed before release for any particular difficulties they may have in re-establishing themselves outside prison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 This assessment includes an explicit joint health and social care dimension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Social services are involved in developing release plans for prisoners with special support needs/disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.4 Offender Managers involve Social Services in developing release plans with prisoners with special support needs/disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.5 Relevant voluntary organisations are involved in developing release plans for prisoners with special support needs/disabilities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.6 Factors considered in resettlement planning include:						
a. Somewhere suitable to live	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Access to housing-related support via the Supporting People initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Work opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Benefits/pension entitlement and how to claim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Ability to shop and cook for self	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Personal care/hygiene issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Managing within a budget/avoiding debt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The need for a community-based assessment and ongoing support from Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Where to get help with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

j. Where to get health care e.g. GP registration
drug or alcohol issues

k. Access to occupational therapy assessments and aids

l. Support in undertaking a caring or parenting role

Please give examples of what works well regarding resettlement of prisoners from your own prison

Section 5: Highlighting What Works Well & Your Priorities For Change

5.1 Please give any further examples of approaches that work really well in your prison which could usefully be shared with others:

5.2 Please also give examples of changes you would like to introduce in your prison to improve support to prisoners with social care needs:

5.3 Would any training or awareness-raising be helpful?

Yes No DK

If YES, in what specifically?

5.4 What else would need to happen in order for you to be able to give a higher priority to meeting the social care needs of prisoners?

5.5 What other issues should the proposed National Strategy for Social Care in Prisons address?

5.6 Please feel free to add any further comments regarding developing social care within prisons.

Thank you very much for your help!

FULL DEFINITIONS

The term social care is used to describe the wide range of services designed to support people in their daily lives and help them play a full part in society. In the community it includes a range of practical services such as home care, day centres and residential and nursing homes. It can include practical assistance to help individuals overcome barriers to inclusion, such as supported entry into work for an individual with a mental health problem, a personal assistant to enable a disabled person to lead a full and active life or supporting a person with a learning disability to play a full part in their local community. It can include support in managing complex relationships and emotional distress. Social care includes those services directly commissioned by the local authorities and those services which an individual or family organise and commission themselves.

(Source: Social Care Green Paper, Independence, Wellbeing and Choice: Our Vision for the Future of Social Care for Adults in England, Department of Health, 2005)

The Disability Discrimination Act uses the term disability as follows:

“A person who has a physical, sensory or mental impairment which has a long term and substantial effect on their ability to carry out normal day to day activities”.

“Impairment” covers physical or mental impairments and includes sensory impairments, such as those affecting sight or hearing. It includes:

*Diabetes
Dyslexia
Autism
Deafness
Asthma
Arthritis
Depression
Severe disfigurement*

and many others, both visible and invisible.

“Mental impairment” is intended to cover a wide range of impairments relating to mental functioning, including learning disabilities and mental illness (a clinically well-recognised illness is one that is recognised by a respected body of medical opinion).

“Substantial adverse effect” is not defined other than that it is more than a minor or trivial effect. The requirement that an effect must be substantial reflects the general understanding of disability as a limitation going beyond the normal differences in ability which exist among people.

“Long term” means 12 months or over.

(Source: Disability Discrimination Act 1995 as cited in PSO 2855 Prisoners with Disabilities).