



## Healthcare in Prisons - Call for Evidence

### Introduction

Families Outside is a national Scottish charity that works solely on behalf of children and families affected by imprisonment. Concern for the family member in prison is the second most common reason families contact us for support, much of which relates to worries about the health of a prisoner and the care he or she is receiving.

We are grateful that the Parliamentary Committee for Health & Sport is looking into the issue of health and social care in prisons. We have provided responses to your queries below and are happy to provide additional information and case studies, should those be of use.

### CALL FOR EVIDENCE QUESTIONS

Organisation Name:	Families Outside
Main contact for follow up:	Prof Nancy Loucks

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

Healthcare in prison does not appear to be staffed to take into account the disproportionate physical and mental health needs of the prison population. Equally, social care is not readily accessible, despite the increasing social care demands of an aging and vulnerable prison population. Current social care legislation does not extend into prisons, leaving provision of social care down to negotiation with local authorities and /or private providers. The limited number of healthcare staff and high demands on them are not helped by difficulties with IT compatibility between prisons and community-based NHS teams. We understand that this causes difficulties in ensuring immediate and accurate information about a prisoner-patient's needs and care upon reception to prison, and again in transition from prison back to the community. As the 2016 RCN report on the transfer of prison healthcare noted, such pressures make attracting and retaining sufficiently qualified and dedicated healthcare staff difficult. Equally, with the time required to travel to and enter a prison in order to access a limited number of people requiring support, social care providers may not find it worth their while to provide a service in prison.

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

The pressures noted above have not yet been responded to. The new National Standards for Health & Social Care make a welcome recognition of the specific issue of care for people in legal custody. Nevertheless, many of the Standards fail to apply to the care of people in prison. Meanwhile the RCN report usefully highlighted the difficulties in providing commensurate health care in prisons, and the recommendations from this report should be addressed as a matter of urgency.

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

The prison healthcare system provides a valuable opportunity to address the needs of people with the poorest health in Scotland. It may provide a critical opportunity to address substance misuse, given enough time; to address mental ill health, given the staff to diagnose and support these needs; to improve diet and exercise regimes, given fuller communication and collaboration between healthcare and prison staff; and to engage with families in the education and support needed to reduce the health inequalities of Scotland's most vulnerable communities.

To do address health inequalities fully, however, requires more support in a prisoner's transition from prison to community, with active assistance from prison Throughcare Support Officers or third sector mentoring services to ensure people make the connection from prison care to community care. The prison healthcare system cannot reduce health inequalities on its own; rather, arrangements for immediate access to benefits and quality housing must also be improved – issues central to combating health inequalities but which continue to cause difficulties for people on release from prison.

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

Current barriers are largely those noted above, namely the apparent shortage of healthcare staff to support people with the poorest health in Scotland, and the difficulty in recruiting and retaining staff to take on this role. The merger of health and social care needs to include prisons fully, rather than leaving negotiation for provision of social care down to individual prisons and local authorities. The lack of parity in care arrangements between prisons and the State Hospital, for example, highlight the difference in both quality of care and standards for risk assessment – something critical in both contexts. An example of this is the fact that the State Hospital takes into account relevant Carers' legislation, as required under the Mental Health Act, meaning healthcare staff engage

regularly with a patient's carer to discuss care arrangements and plan for transitions. When someone goes to prison, the prison becomes the carer, and previous carers/families are left without input or information and, as we have found, often unable even to pass critical information in to prison healthcare staff. The Carers (Scotland) Act 2016 makes no reference to care arrangements when someone is held in prison. We feel this is a significant gap.

***Question 5: Can you identify potential improvements to current services?***

- 1) Prison healthcare teams need to be staffed to support the needs of the population they serve. This includes ready access to forensic services and social care as well as compatible IT.
- 2) Carers' legislation needs to apply in prisons so that families can liaise with prison healthcare staff and be kept informed and involved as appropriate.
- 3) Adequately staffed prison healthcare teams and prison staff could usefully work together towards more preventative work, for example in relation to healthy eating and health checks.
- 4) Social care in prisons should be provided by the local authority in which a prison is based (to improve the logistics and cost-effectiveness of delivery), with additional funding allocated to these local authorities to take into account the higher demand for such support.
- 5) Training for prison staff should help them identify when support for health or social care is necessary so they know where to go for support. Prisoners' care needs are often undiagnosed, especially regarding learning disabilities/learning difficulties or mental health needs, so staff need to know how best to support the people in their care.
- 6) Prisoners could usefully be trained as care providers to assist in delivery of basic social care.
- 7) The new National Standards for Health & Social Care should apply in prisons unless there is a specific barrier that prevents this.

Care and prevention of health inequalities in prisons needs to be done holistically, e.g. linked with arrangements at key transitions in and out of custody and taking into account wider issues linked to health such as welfare benefits, housing, and family contact.

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

The RCN report from 2016 clearly outlines the pressures on prison healthcare over the last five years. There is no reason to think any of this will improve unless the issues raised in that report are addressed. The prison population is aging, which is likely to increase the level of need for quality provision of health and social care. Hospice care in prison is another likely prospect.