

## Response ID ANON-DVZH-75HQ-1

Submitted to **Social Care Inquiry**  
Submitted on **2020-02-20 11:54:59**

### About you

**Please read the privacy notice below and tick the box below to show that you understand how the data you provide will be used as set out in the policy.**

I have read and understood how the personal data I provide will be used.

### How would you like your response to be published?

I would like my response to be published in its entirety

### What is your name?

**Name:**  
Adam Wilson

### What is your email address?

**Email:**  
adam.wilson@familiesoutside.org.uk

### Are you responding as an individual or on behalf of an organisation?

Organisation

**Organisation:**  
Families Outside

## The future delivery of Social Care in Scotland

### How should the public be involved in planning their own and their community's social care services?

#### Please enter your answer in the text box below:

Families Outside believes that everybody should be included in planning their own social care services. Families affected by imprisonment are at greater risk of suffering from isolation and stigma than the population at large so are often not involved in various consultations. One of the Adverse Childhood Experiences is imprisonment of a household member, so if families affected by imprisonment are not consulted and involved in the planning of social care services, we risk designing services that do not meet the needs of people who are proven to have a poorer level of health and a higher risk of future poor health outcomes than the general population.

It is also important to remember that often it is a formal or informal carer, spouse, or dependent who supports a person receiving social care services. There are many circumstances where an individual is unable to be involved in the planning of the social care they require. When a person goes to prison, the parent, partner, sibling or child ceases to hold any formal or informal carer role for the prisoner, as the prison takes on that responsibility. (Importantly, this is in contrast with the required engagement with families and carers under the Mental Health Act.) It is often a partner or other family member who will help a person in prison through periods of ill health (prior to entering prison) and will know the history, symptoms, diagnosis, and medication. After someone enters prison, family members find it extremely difficult to feed this information into health-related decisions and cease to have any involvement in care-related decisions. Engagement with the family only takes place if the person in prison specifically requests this and is mentally and physically capable of keeping a family updated. It is also worth bearing in mind that people in prison will not have the element of choice, the option for self-directed care, or access to online / remote health supports that would be available in a community setting.

Evidence to the Cross-Party Group on Health Inequalities on Tuesday 21st January 2020 from the Men's Health Forum showed the role of partners in encouraging their male partner to attend health appointments and seek medical advice and attention. The evidence showed that, as men age, they are more likely to seek medical attention after being encouraged to by their (female) partner. This highlights the role partners have in supporting a loved one's health and social care needs, with that role being lost when a person enters prison.

Under the Mental Health (Scotland) Act 2015 and the Charter of Patients' Rights, health professionals are required to engage with a person's carer and/or family members over healthcare and other matters. Families Outside believes that the same obligations should be extended to people in prison and their families to ensure their needs are met as the number of people in prison with social care needs increases.

### How should integration authorities commission and procure social care to ensure it is person-centred?

#### Please enter answer in the box below:

The number of people in prison who require social care services in the prison estate will only increase. The Scottish Prison Service (SPS) has already had to make a number of modifications to meet the needs of elderly prisoners within its estate. Health amongst the prison population is generally poor and social care needs are high, with people in prison classed as 'elderly' if they are aged 50 or above. Most deaths in prison classed as death by natural causes occurs amongst

people in their 40s.

At present, the role of providing social care services to people in prison is only set out in legislation for local authorities and the SPS. The legislation and nationally agreed standards recognise that local authorities and the SPS and contracted establishments share responsibility. There is no mention of social care in prisons in the Public Bodies (Joint Working) (Scotland) Act 2014, Social Care (Self-directed Support)/(SDS) (Scotland) Act 2013, or the Carers (Scotland) Act 2016. Families Outside is concerned that if the responsibility for meeting the needs of people in prison is not set out in legislation as a responsibility of Integration Joint Boards, then the social care for people in prison will never fully be person-centered.

### **Looking ahead, what are the essential elements in an ideal model of social care (e.g. workforce, technology, housing etc.)?**

#### **Please enter your answer in the text box below:**

Families Outside recommends that the Health & Sport Committee considers the work currently being carried out at HMP Glenochil in relation to meeting the social care needs of elderly prisoners. It was highlighted as an area of best practice for palliative care services and the links created between the prison and NHS Forth Valley, hospices, and voluntary organisations in the last inspection report for the prison in April/May 2019. We would stress that this should be considered as a minimum level of service for people in prison across the whole prison estate and would need to be properly resourced: the same inspection report stated, "As in many other prison estates in Scotland the population in HMP Glenochil had risen over the previous 12 months; in HMP Glenochil the numbers had increased by approximately 100 prisoners. Although this had resulted in an increase in demand for healthcare within the establishment. Inspectors were informed that no additional funding for healthcare staff had been identified to meet the increase."

Within the prison estate, improvements need to be made for informing families of health conditions of prisoners. Families Outside has worked with a number of families who have found out too late that a prisoner's health condition has deteriorated and were consequently unable to be present at the end of life. This is very distressing for the family. In many circumstances, a family will have to organise travel, with much of the current prison estate not well-connected to public transport, meaning that it takes even longer for a family to plan how to get to a prison or health care facility to be with their relative during end of life care. It is also clear that families and people in prison are unaware of the rights they have, for example to apply for compassionate release, and it is often too late for people in prison and their families to secure these rights.

Families Outside also believes that a proper and robust funding mechanism must be put in place for social care in prisons. As previously identified, Integration Joint Boards have no role in legislation over social care in the prison estate. Families Outside has identified some areas where there has been tension over funding between prisons and local authorities, particularly by local authorities where there is no prison within the authority boundary. The good practice noted above at HMP Glenochil was in part related to the fact that the prison often resorted to paying social care costs itself (which were not the prison's responsibility) in order to bypass the conflict over budgets between the local NHS Health Board and the local authority the person in prison had lived in prior to the imprisonment. As the number of people in prison who require social care increases, it is essential that a proper funding mechanism or agreement is put in place between the SPS and contracted establishments, local authorities, and IJBs to ensure people in prison receive the care they require.

### **What needs to happen to ensure the equitable provision of social care across the country?**

#### **Please enter your answer in the text box below:**

While Families Outside believes that the SPS/NHS Memorandum of Understanding 2011, which details responsibilities on health care for people in prison needs to be updated to reflect changes in legislation and greater involvement of families, the Memorandum framework provides a basis for how the SPS, IJBs, and local authorities could work together to deliver social care services for people in prison. Any Memorandum of Understanding would need to set out how social care in prisons will be funded going forward.

To ensure that people in prison receive the same level of care as those in the community, it is essential that Scotland follows its obligations as set out in the United Nations Standard Minimum Rules for the Treatment of Prisoners 2015 (the Nelson Mandela Rules). In particular;

Rule 1 – People in prison should be treated with respect and dignity.

Rule 2 – Take into account the needs of individuals in prison.

Rule 5 – Prison administrations must make reasonable adjustments for people in prison who have a physical or mental healthcare need or who have a disability.

Rule 13 – Sleeping accommodation must meet any health requirements.

Rule 24 – People in prison are entitled to the same level of healthcare as the population as a whole.

Rule 26 – Accurate records should be kept and transferred between prison and health care settings when a person in prison is transferred.

Rule 30 – Qualified healthcare professional should talk/examine any person entering prison as soon as possible.

Rule 33 – A healthcare professional must report to the Prison Governor any instance where continued imprisonment is injuring a person in prisons physical or mental health.

Rule 46 – Healthcare personnel should have no role in implementing disciplinary sanctions or other restrictive measures.

Rule 68 – Every person in prison has the ability and means to immediately inform his or her family about any serious illness or injury.

Families Outside also wants the involvement of families to be commensurate between the prisons and mental health care facilities, engaging families as a matter of right to ensure the best possible care for the person in custody.

## **Evaluation**

### **Was this Call for Views submission tool easy to use?**

Easy to use

### **Why did you feel it was, or was not, easy to use?:**

### **Were the questions easy to understand?**

Neither easy or difficult to understand

**Why do you feel the questions were, or were not, easy to understand?:**

The questions were easy to understand but I felt they were quite loaded. It was difficult to answer the questions broadly and bring in areas we feel are important for the Committee to consider going forward.

**Do you think this Call for Views submission tool provides a good way for you to get involved in the work of Parliament?**

Yes

**Please explain the reasons for your answer?:**

**Would you use this Call for Views submission tool again in future to engage with the Scottish Parliament if there was a topic you were interested in?**

Yes

**Please explain the reasons for your answer?:**