An Estate Wide Snapshot Social Care Needs Assessment

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An Estate Wide Snapshot Social Care Needs Assessment for the Scottish Prison Service

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Executive Summary

Background

1. Social care is ambiguously defined, but is often described as supporting "activities of daily living" (ADL). This can include collecting/eating meals, using the toilet, washing and dressing. Someone's ability to carry out ADL independently can be affected by mental or physical health issues. Someone who has difficulty with ADL may require specialist assessment, personal care, equipment or changes to their environment to ensure they can take care of themselves safely.

2. It is acknowledged that the number of people in prison with social care need is a growing issue in Scotland. While the NHS provides health care services in prisons in Scotland local authorities do not provide social care in prisons. There is no equivalent agreement between the Scottish Prison Service (SPS) and local authorities that clearly sets out roles and responsibilities for the provision of social care in prisons in the same way that the 2011 Memorandum of Understanding between NHS Scotland and SPS sets out roles and responsibilities for the provision of health care. The 2011 Memorandum of Understanding between SPS and NHS Scotland makes clear that 'Personal and Social Care' is not an NHS responsibility. The Public Bodies (Joint Working) (Scotland) Act 2014 driving NHS and Local Authority integration in Scotland through Integration Joint Boards does not mention prisons or people in prisons.

3. The remit of this research was to establish:

What does the population of people with social care needs in custody in the Scottish Prison Service look like?

The information gathered will be used to inform policy and conversations with partners about how best to support people with social care needs in prison in Scotland.

Method

4. Individuals suspected to have social care needs were identified across the Scottish prison estate. Individual basic social care needs assessments were carried out by registered social workers (employed through agencies). Each report was analysed to build an estate wide picture.

Who was assessed?

5. There are people of all ages, genders and offence histories with social care needs living in prisons across Scotland. Each prison was asked to compile a list of people in their custody with known or suspected social care needs. Assessments were then carried out in every prison - with the exception of HMP Dumfries and HMYOI Polmont. 181 people in total were assessed - 145 men and 36 women.

- 50% (n=90) of those assessed were aged 50 and under.
- 46% (n=83) of those assessed (57% (n=82) of the men assessed) had a sex offence marker in their electronic prisoner record (PR2).
- 45% (n=82) of those assessed had a sentence of 5 years or over.
- 90% (n=163) described themselves as having a medical condition that made it harder for them to take care of themselves.

- 84% (n=152) of those assessed were judged by assessors to likely require social care support on release and 70% (n=127) thought likely to benefit from additional assessment or professional intervention.
- 47% (n=78) self-reported difficulty with specific ADL.
- 22 people reported getting support with ADL.
- 46% (n=80) of respondents would not describe themselves as confident 'getting around' the prison.
- 44% (n=76) of respondents reported using equipment to get around the prison.
- 65% (n=115) of respondents did not feel able to take part fully in activities in prison – mainly due to ill health and perceived inaccessibility of activities and/or facilities.

Core themes

6. Core themes seen in assessment report across gender, age bracket and prison included:

- **The Importance of Family and Friends:** In response to the questions 'What makes a good day?' and 'What's important to you?' 82 people (45% of responders) spoke about their family. 59 people (33% of responders) spoke about how important peers or a specific friend in prison is to them. Almost half of those receiving support with ADL spoke about receiving it informally from someone else in custody. 13 people spoke about the importance of their relationships with officers.
- **Carers and Cared For:** 13 of those assessed spoke about expecting to care for a family member on release. 14 expected to be cared for by family on release.
- **Falls:** 44 (24%) of those assessed spoke about experiencing falls or a fear of falling. Older people were more likely to fear, or have experienced, falls however this topic was discussed by people across age brackets and all ages of prison build.
- **Showers:** Washing was part of the most commonly discussed component of 'what makes a good day' and was also the most common ADL that people reported difficulty with. 36 (20%) of those assessed commented on the accessibility of prison showering facilities.
- **Sleep and Mattresses:** The importance a 'good night's sleep' is held in was also seen across the assessment. 17 people spoke about the quality of their bedding and the effect they felt this had on their quality of sleep and health.
- **Purposeful Activity:** Analysis highlighted both the value people assessed put on purposeful activity and some of the barriers they experience to accessing it. 99 people (55% of those assessed) commented on what might be described as purposeful activity and how important it is to them. 115 (65% of respondents) felt they were unable to fully participate in activities in prison. The primary reason for this was health, followed by mobility. Wider accessibility issues including visual impairment and toilet access were also discussed.
- **Accessibility:** The accessibility of facilities and services in prisons came up across genders, prisons and age brackets. Ten people assessed commented on wheelchair accessibility and a lack of assistance available to push their wheelchair.

Conclusions and potential future work

Potential future work (main report reference paragraph number in ***bold italics***)**:**

7. The results of this piece of work suggest that SPS may wish to consider:

- Highlighting assessor comments on prescription changes on prison transfer to the National Prisoner Healthcare Network ***81***.
- Encouraging Local Authority, NHS and Integration Joint Board colleagues to explore the current provision of individual and collective independent advocacy services (and information about those services) available to those in custody ***82***.
- How to minimise family estrangement in future plans for housing those in custody with social care needs ***86***.
- The role of peer relationships in the accommodation of those with high care needs – particularly in relation to potential transfer of those serving long sentences who may have established support networks over the course of a stay in one hall or prison ***87***.
- Collaborating with NHS Boards, local authorities and Integration Joint Boards to clarify responsibility for arranging and carrying out single shared assessments ***90***.
- Working with partners towards policies that encourage and support independence - and avoiding providing unnecessary care that could lead to 'deskilling' and loss of independence ***91***.
- Issuing guidance clarifying elements of care which can appropriately be carried out by fellow inmates ***92***.
- Working with partners to access community joint equipment stores and to give consideration to storage, maintenance and transfer of the equipment between prisons ***93***.
- Working with the NHS and Scottish Government to explore ways to prevent falls and allay the fear of falling in Scottish prisons ***95***.
- How showers in prisons could be made more accessible ***98***.
- A range of potential solutions to ensure that assistance is available to people in custody who use wheelchairs if required ***99***.
- Ensuring that local and national plans for the provision of purposeful activity consider people with social care needs ***103***.
- Current mattress procurement ***106***.

Conclusion

8. The percentage of the Scottish prison population who require social care support is likely to increase in the years to come. To meet this need SPS may wish to consider building on its current work with partners to develop medium and long term strategies to support those in custody with social care need. This work will likely require extensive partnership work with NHS, Local Authority, Integration Joint Boards (IJBs), Criminal Justice and Government colleagues. There is a case to be made that this population could be considered as a distinct population with distinct needs. This work provides a research base that SPS can use to work with partner organisations to ensure that people in prison with social care needs receive appropriate and equitable support.

Introduction

Remit

1. The remit of this research was to establish:

What does the population of people with social care needs in custody in the Scottish Prison Service look like?

- What are their needs?
- What support are they currently receiving?
- What support/further assessment do they need?
- How are they able to access prison services and facilities?
- What are the issues that are important to them?

2. By taking a snapshot of social care need across the estate SPS can better plan services and use the information gathered to inform policy and conversations with partners about how best to support people with social care needs in prison in Scotland.

Background

3. Social care is ambiguously defined[1], but is often described as supporting "activities of daily living" (ADL). This can include collecting/eating meals, using the toilet, mobility, washing and dressing. Someone's ability to carry out ADL independently can be affected by mental or physical health issues[2]. Someone who has difficulty with ADL may require specialist assessment, personal care, equipment or changes to their environment to ensure that they can take care of themselves safely and to support and promote independence.

4. It is acknowledged that the number of people in prison with high care needs, including social care need and palliative care need, is a growing issue in Scotland. The 2012 NHS *High Care Needs Assessment*[3] and the 2014 SPS commissioned *Evaluation of High Care Needs within the Scottish Prison Population* both highlighted the need to better understand this population[4].

A Changing Population

5. The SPS 2015 Prisoner Survey asked participants if they would describe themselves as having a disability, a long term illness and/or needing assistance with activities of daily life (*Figure 1*). The 2015 Prisoner Survey had a response rate of 55%. If these figures are representative of the total Scottish prison population they suggest that there may be several hundred people in custody in Scotland who need assistance with ADL. Research in England and Wales has found similar rates of disability and long term illness (29%)[5] in the prison population and that older prisoners (50+) are twice as likely to report disability and long term illness compared to younger prisoners (under 50).

6. The threshold for someone being considered an 'older person' in the community is often 60 years old[6]. In prison the threshold most often used in research/policy is 10 years younger[7]. 50 is considered a more reasonable threshold because some evidence suggests

that people in prison may experience 'accelerated' ageing - that a 'typical' person in prison in their fifties has the physical health status of someone at least ten years older in the community. This difference is suggested to be due to health and/or lifestyle factors arising before, and during, imprisonment[8,9,10,11].

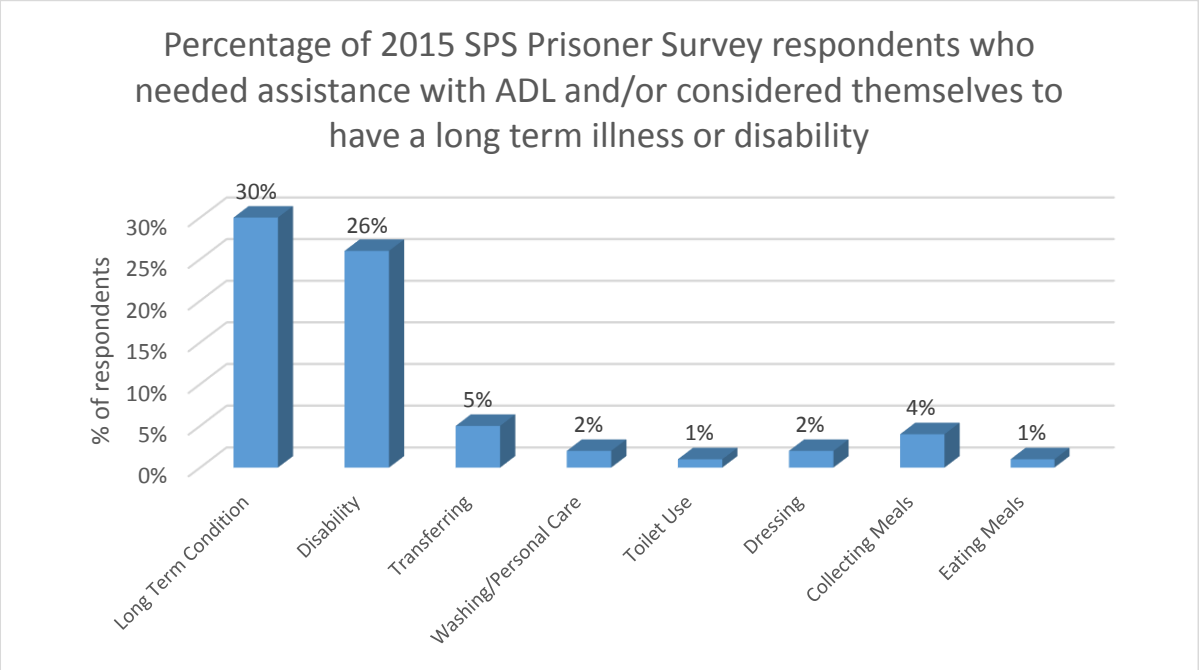

Figure 1 Graph showing the percentage of respondents to the 2015 Prisoner Survey who reported having a disability, a long term illness and/or needing assistance with activities of daily life (ADL)[12]

7. Between 2010 and 2016 the number of men aged over 50 in the Scottish prison population rose from 603 to over 988 – a rise of over 60%. Over 13% of the current male prison population is now aged over 50 – in 2010 this figure was 8%[13,14]. The number of men in prison aged over 65 also increased in that period, from 88 to 148 - an increase of 68%[13,14]. An increase was also seen in the number of women over 50 in custody in Scotland - from 26 to 33[13,14], however these small numbers make it difficult to confidently ascertain trends. The number of women over 65 in custody in Scotland remains in single figures. Recent Government projections forecast an increase of 9.5% in the number of people aged over 50 in custody in English and Welsh prisons between 2016 and 2020 and an increase of over 35% in the projected number of people aged over 70 in custody[15].

8. Research suggests that people in prison aged over 50 in prison are three to 25 times more likely than those under 50 to have social care needs[16,17,18], depending on how social care needs are defined. Research in English and Welsh Prisons found that 10% of those assessed aged over 60 were 'functionally disabled in activities of daily living'[10].

9. Socioeconomic origin is linked to the risk of someone requiring social care. People from the most deprived areas in Scotland are three times more likely to need care support with activities of daily living than those living in areas considered the least deprived - and the support required is more likely to be intensive[19,20]. It is well established that the Scottish prison population is disproportionately drawn from the most deprived areas in

Scotland[21] – and that many of the factors which increase the likelihood of involvement in the criminal justice system are also linked to higher rates of ill health and disability[22].

10. With a population that is aging, a population drawn disproportionately from Scotland's most deprived communities and a population where almost a third describe themselves as having a disability or long term health condition, the need for social care support, equipment and changes to the prison estate to accommodate the care of people in prison who have social care needs is likely to grow – alongside the associated costs.

Current Provision of Health and Social Care

11. While the NHS provides health care services in prisons in Scotland (under the 2011 SPS/NHS Memorandum of Understanding) local authorities do not provide social care in prisons. There is no equivalent agreement between SPS and local authorities that clearly sets out roles and responsibilities for the provision of social care in prisons in the same way that the 2011 Memorandum of Understanding between NHS Scotland and SPS sets out roles and responsibilities for the provision of health care. The 2011 Memorandum of Understanding between SPS and NHS Scotland makes clear that 'Personal and Social Care' is not an NHS responsibility[23].

12. The Public Bodies (Joint Working) (Scotland) Act 2014[24] requires health boards and local authorities to have integrated governance arrangements for adult health and social care. Different Local Authority areas and NHS boards are doing this in different ways. It is not yet clear how the provision and delivery of health and social care might change as a result of integration, nor what sort of regional variation may emerge. The Public Bodies (Joint Working) (Scotland) Act 2014 does not mention prisons or people in prisons.

13. Other United Kingdom countries have recently clarified, or are in the process of clarifying, where responsibility for social care of people in prison lies. In England the Care Act 2014[25] means that local authorities in England are responsible for assessing and meeting the social care needs of people in custody within their area. In Wales the Social Services and Wellbeing Act (2014)[26] also means that local authorities are responsible for the social care needs of people in prison. Authorities in Northern Ireland are currently reviewing their arrangements for social care provision in prisons. In England there have been proposals for joint inspection of health and social care by the Care Quality Commission[27]. Prior to this clarification widespread ambiguity over how social care is defined and who is responsible for its provision was reported[28,29,30].

14. This piece of work was carried out by SPS in order to inform the development of long and medium term strategies for the management of people with social care need. It looks at provision of care, equipment use and accessibility. The aim of this work is to inform future policy and discussion with partners about how best to support people with social care needs in prison in Scotland.

Method

15. Individuals in Scottish Prisons with potential social care needs were identified by each prison. SPS staff were asked to collaborate with NHS and Social Work colleagues in each prison to compile a list of people in custody in that prison with known or suspected social care needs. Criteria for inclusion were broad – the lead contact at each prison was instructed to include people who may have little or no contact with health staff but who may benefit from additional support or assessment.

16. Individual basic social care needs assessments were carried out by registered Social Workers (employed through agencies) with experience carrying out social care needs assessment in the community. In a limited number of cases these assessments were supplemented by Occupational Therapy assessment. Each assessment report followed a template developed for this piece of work. Assessments were carried out 1:1 and accompanied by officer observation. Assessments were between one and three hours in duration.

Report Template Development

17. A template form for the social care needs assessments reports was developed to ensure each of the reports followed a similar format for ease of analysis (Appendix 1). These assessments were not intended to be as comprehensive as best practice single shared assessments carried out in the community. Single shared assessments typically involve multidisciplinary teams and several specialist assessments. Assessments carried out as part of this work aimed to examine a population of people in custody in Scottish prisons with perceived social care need, explore met and unmet need and access to prison services and regime.

18. The template form and prompt questions were based on similar banks of questions used in high level community assessments and developed with input from NHS employed occupational therapists working in HMP Grampian and HMP Glenochil.

Analysis

19. Each report was transcribed into Microsoft Excel for analysis. Quantitative analysis was carried out on multiple choice questions using Excel. Qualitative analysis of free text responses was carried out using five stage inductive thematic analysis.

Inductive Thematic Analysis:

- The analyst read all of the reports multiple times to acquire familiarity.
- Each free text question response was read and an initial set of codes generated covering themes. In some cases this led to over 50 initial codes.
- Iterative passes rereading question responses and themes allowed "theme nesting" – this involved recoding the material into broader themes.
- The recoded themes were then reviewed to make sure that they still accurately reflected the themes in the source material.

- Once responses to specific questions were themed and reported on the same process was carried out across the full reports to identify themes that emerged not in response to a specific question but organically across the reports (e.g. fear of falls)

Additional Considerations

20. Due to timescale and recruitment issues on the part of the recruitment agency awarded this piece of work assessors could not complete their personal protection training prior to the assessment exercise. This meant that they had to be accompanied by officers/ be under officer observation. This may have led participants to be less open than otherwise.

21. Individual assessments were carried out by registered social workers employed through a recruitment agency. In most cases it was not possible to corroborate self-declared health conditions. This means that there may be some instances where health conditions or difficulty with activities of daily living were minimised or exaggerated. Base estimation of rates for exaggeration of medical conditions in the general population are poorly defined and have been estimated to lie anywhere between eight and 40% [31,32,33] .

22. Five assessors took part in the exercise, they completed their reports to different levels of detail with some assessors submitting more effusive reports than others.

Additional data sources

23. Additional data used in conclusions has been drawn from electronic Prisoner Records (PR2), prisoner information at Scottish government and the SPS 2015 Prisoner Survey.

Results

24. The names of 304 people in custody were put forward by prisons for inclusion in the estate wide snapshot social care needs assessment. At the time of assessment neither HMP Dumfries nor HMYOI Polmont had any names that they felt appropriate to put forward for assessment. Of this 304, 181 people were assessed. In the time that elapsed between the submission of names for assessment and assessments being carried out some of those suggested for participation had been released. Others chose not to take part in the assessments. The age and gender distribution of the 304 people put forward for assessment correlates with the age and gender distribution of those assessed.

Who was assessed?

25. 181 people in custody were assessed across the estate. 145 of those assessed were men and 36 were women. Compared to the total Scottish prison population women are disproportionately represented. This is, at least in part, because no woman offered an opportunity to take part declined.

Prison/ Number of people assessed	Men	Women
HMP Addiewell	3	0
HMP Barlinnie	26	0
HMP & YOI Cornton Vale	0	27
HMP Dumfries	0	0
HMP Edinburgh	22	2
HMP Glenochil	44	0
HMP Grampian	2	4
HMP Greenock	6	3
HMP Inverness	11	0
HMP Kilmarnock	7	0
HMP Low Moss	12	0
HMP Open Estate	1	0
HMP Perth	6	0
HMP Shotts	5	0
HMYOI Polmont	0	0
Total	145	36

Table 1 Number of people assessed in each prison. Different prisons house different subsets of the prison population and have different capacities.

26. Where responses to questions are described in percentages the number of responses will be given in addition to the percentage. Total responses do not always add up to 181 as some of those assessed did not want to discuss particular topics and several of those assessed terminated the assessment before completion. No one assessed was found to be without need for care, equipment, further assessment or professional involvement. Of those assessed 50% were aged over 50 (n=91 of 181). 19% of women assessed were aged over 50 (n=7 of 36) while 58% of the men assessed were aged over 50 (n=84 of 145). The youngest person assessed was 22 and the oldest 87 (*Figure* 2).

27. 83 of those assessed (82 men and one woman) have a sex offence (SO) marker (current or expired) in the electronic prisoner records (PR2). 57% of the male population assessed has a SO marker. *Figure* 3 shows the age distribution of men with and without a SO marker. The mean age of men assessed with a SO marker is 59 while the mean age for men without a SO marker is 46.

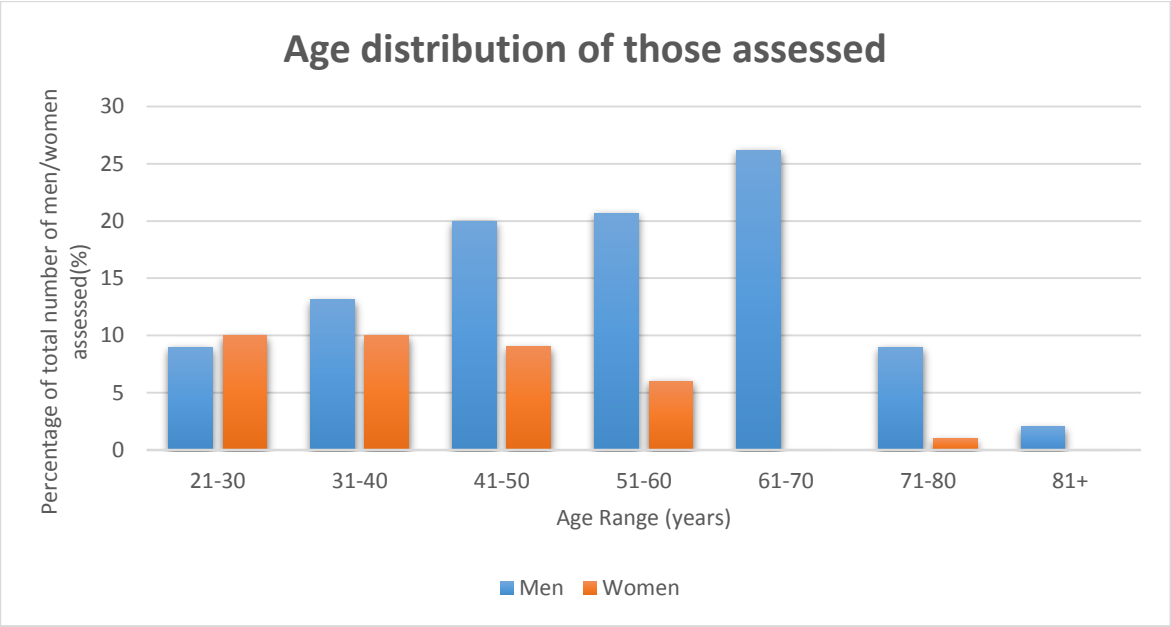

Figure 2 Graph showing the age distribution of men and women assessed.

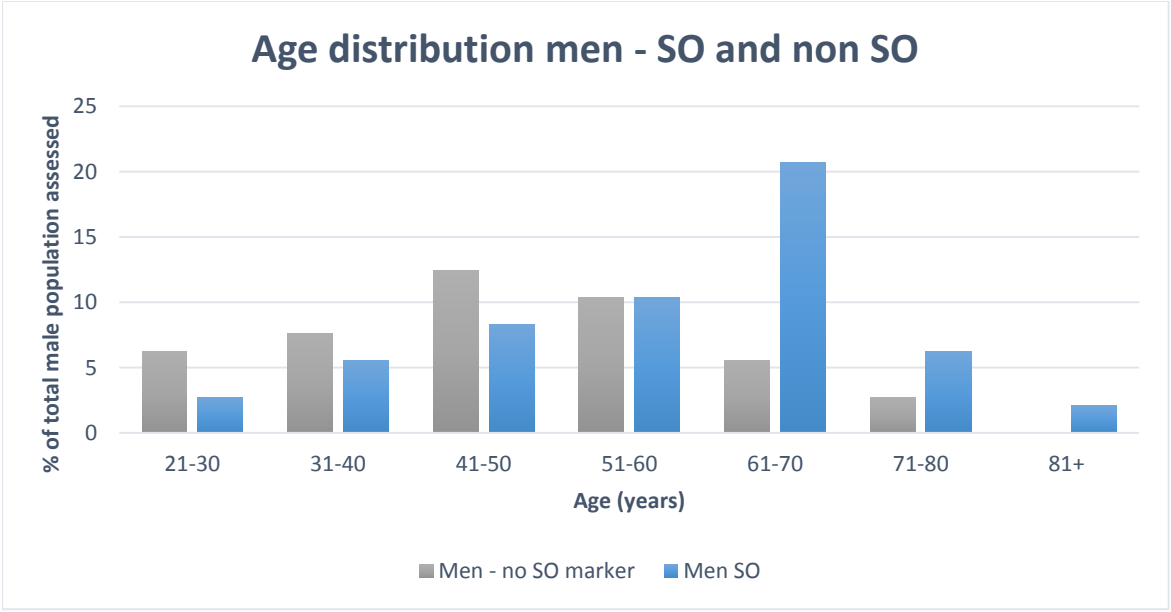

Figure 3 Graph showing the age distribution of men assessed with a 'sex offender' marker in PR2 (blue bars on left) and the age distribution of men assessed who do not have a 'sex offender' marker in PR2 (grey bars on right).

28. Of the 181 people assessed 15 were untried, four awaiting sentencing, one awaiting extradition and 39 had a sentence of Life, OLR (order of lifelong restriction) or were on Life Recall (Table 2).

29. 90% (n=163) of the population assessed answered yes to the question "Do you have a medical condition which makes it harder for you to take care of yourself?" (Figure 4). Many of those assessed chose to disclose additional information about their health. Many described living with multiple complex conditions – often long term health conditions that might be expected to deteriorate over time.

Sentence	Men	Women	Total
Untried	9	6	15
Awaiting Sentence	4	0	4
Extradition	1	0	1
<1 years	14	18	32
1-5 years	40	7	47
5-10 years	24	3	27
10+ years	16	0	16
OLR	10	0	10
Life	19	2	21
Life Recall	8	0	8
Total	145	36	181

Table 2 Sentences of those assessed.

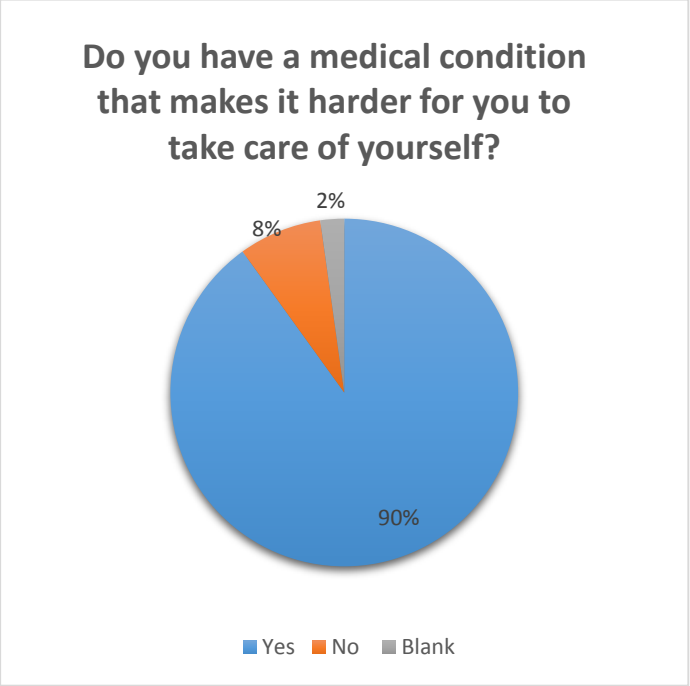

Figure 4 Percentage of those assessed who described having a medical condition which makes it harder for them to take care of themselves.

30. Assessors felt that 84% (n=152 of 181) of respondents would require some form of social care support on release and that 70% (n=127 of 181) would benefit from further assessment or intervention. The assessments/interventions suggested were diverse (Figure 5).

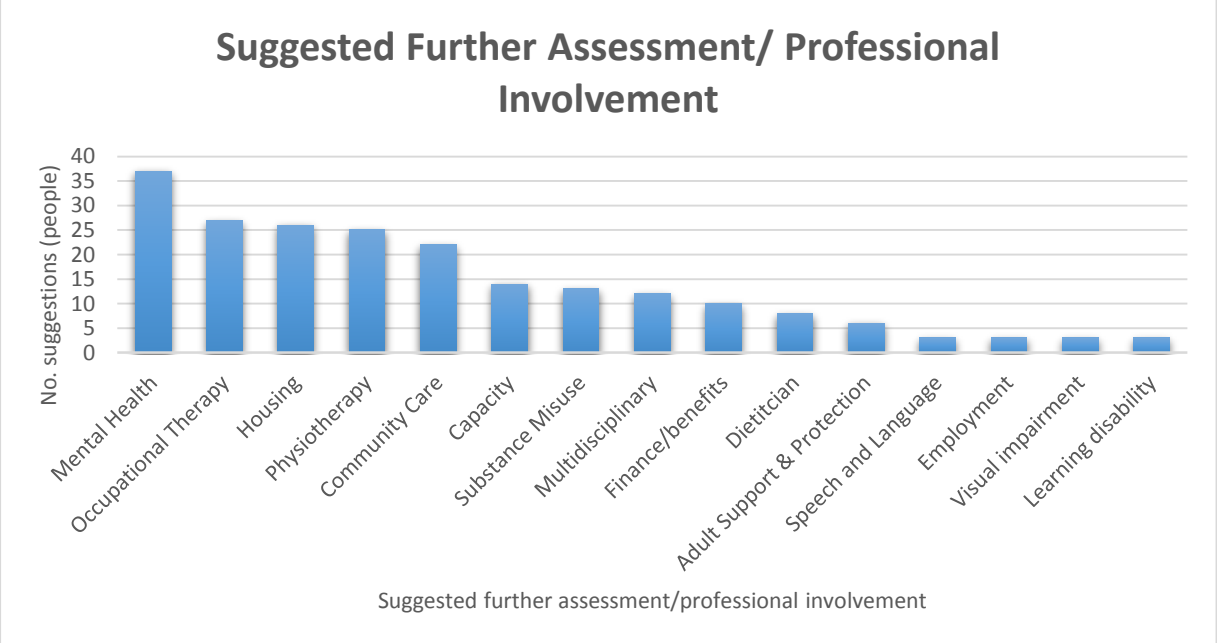

Figure 5 Graph showing further assessment/professional involvement as suggested by the assessor against the number of times each of these assessments was recommended.

Personal Care and ADL

31. 47% (n=78 of 166) of respondents self-reported difficulty with personal care (Figure 6) 48% (n=68 of 142) of the men assessed reported difficulty with activities of daily living while 29% (n=10 of 35) of women assessed self-reported difficulty with activities of daily living. 78% (n=61 of 78) of people who reported difficulty with personal care had difficulty with more than one ADL.

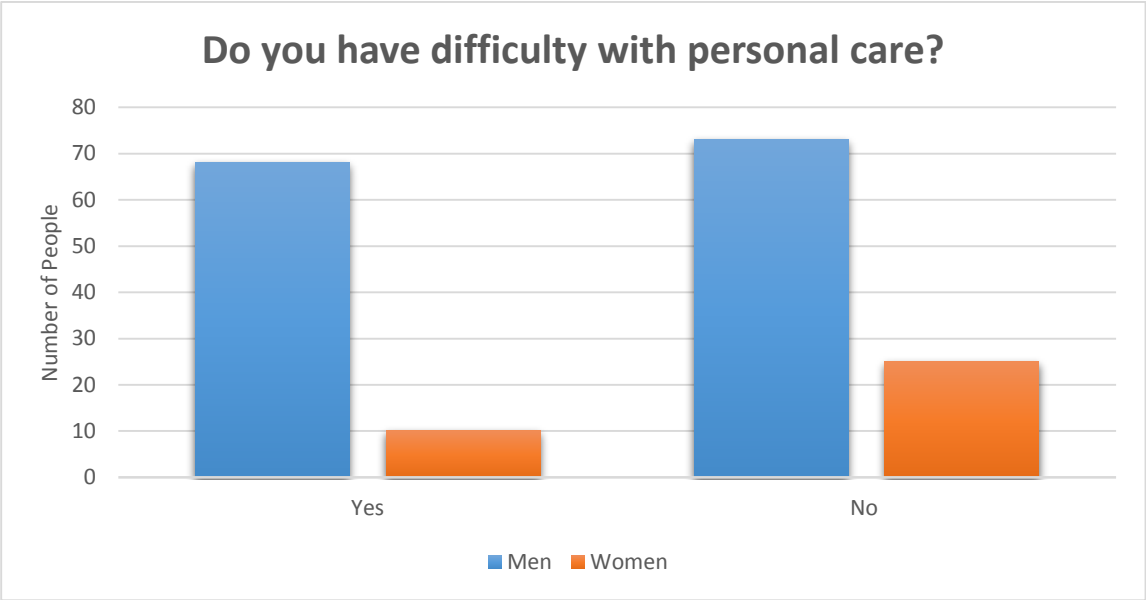

Figure 6 Number of people answering 'yes' and 'no' to the question 'Do you have difficulty with personal care e.g. showering, using the toilet, shaving, washing, dressing or undressing?'.

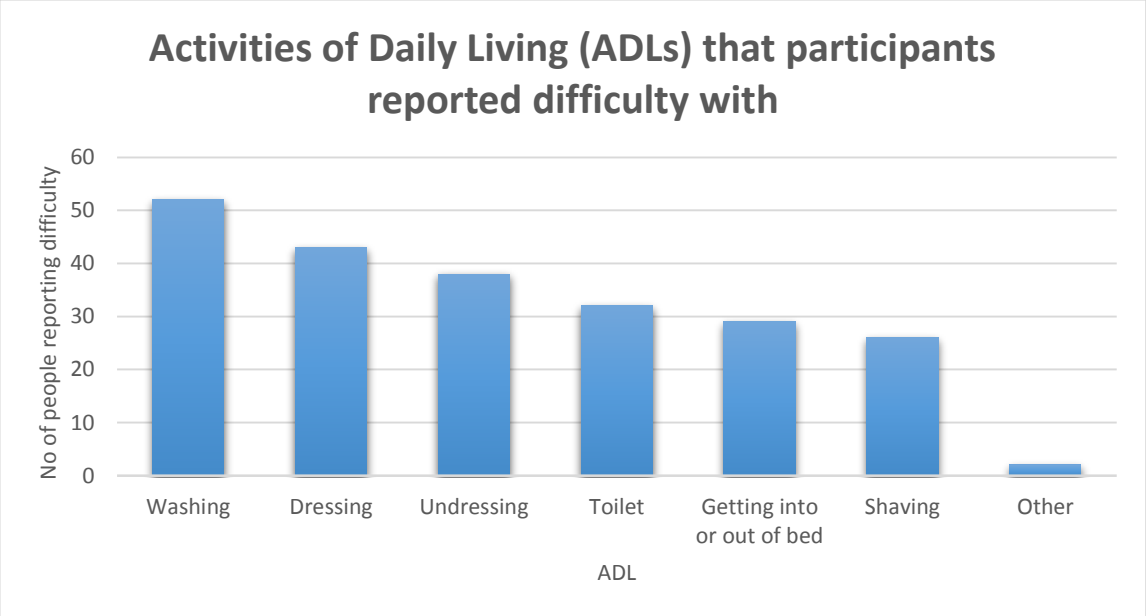

Figure 7 Number of people reporting difficulty with specific ADLs in response to the question ''Do you have difficulty with personal care e.g. showering, using the toilet, shaving, washing, dressing or undressing?'.

32. The most common ADL that people assessed reported difficulty with was washing. Across the assessment reports 36 people commented specifically on showering facilities. These comments included concern about accessibility and access to shower aids like shower seats and long handled brushes.

Example Quotes:

"I struggle to stand in the shower and take a plastic chair in with me so I can sit down as it is too sore to stand."

"He is able to shower and dress, but as it takes longer the water might stop leaving him with a still soapy body which causes him some consternation."

"He doesn't use the shower through fear of slipping, but will carry out a body wash at the sink"

"I have some difficulty getting in and out of the shower cubicle as it is not on the flat, there is a step up."

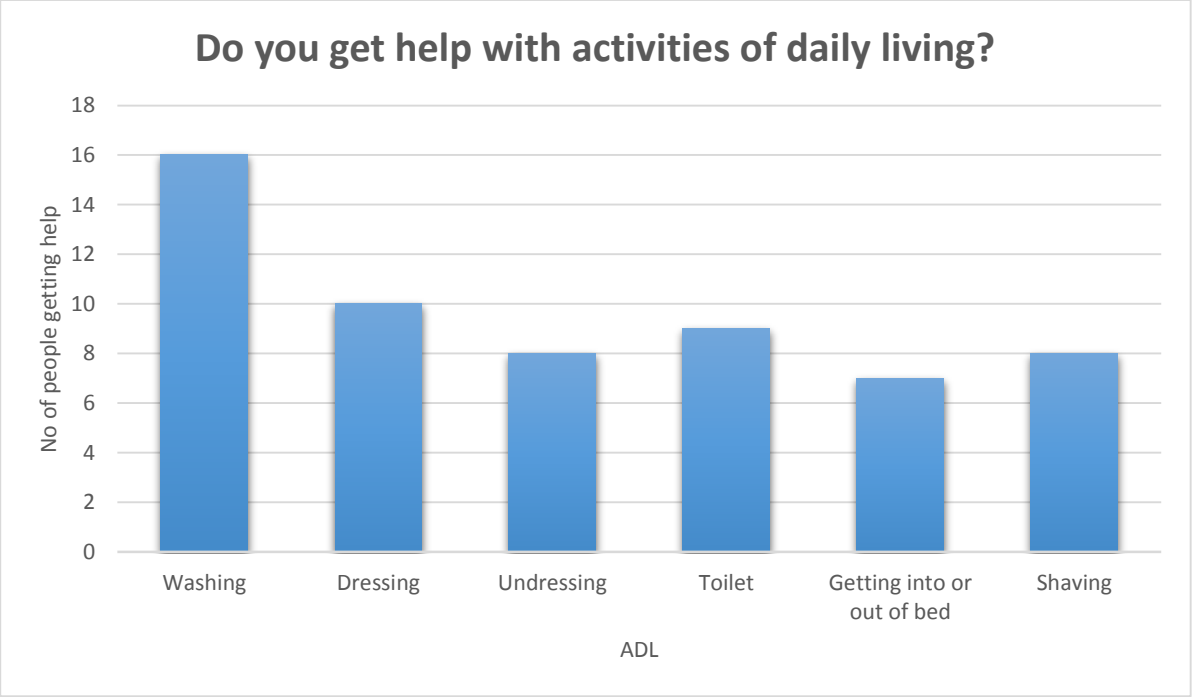

Figure 8 Number of people reporting help received with specific ADLs in response to the question 'Do you get help with your personal care?'

33. Of those assessed 22 people described getting help with activities of daily living. Of these 10 described getting informal support from other prisoners, three from "passmen" (other prisoners with specific duties) specifically, nine from formal care workers, seven described help from prison staff and one described help from nurses. An additional 15 who did not describe themselves as currently getting support with ADL described their reluctance to have any formal support. They acknowledged that they had difficulty with activities of daily living but expressed a strong desire to remain independent and an unwillingness to accept support.

34. 37% (n=64 of 173) of those assessed described difficulty eating, drinking or collecting meals. Collecting meals was a concern for 49 people. 34 described arrangements for delivery of their meals while 13 described difficulty collecting meals due to the distance they had to travel or difficulty involved in carrying a meal while using mobility equipment (for instance a stick or crutch).

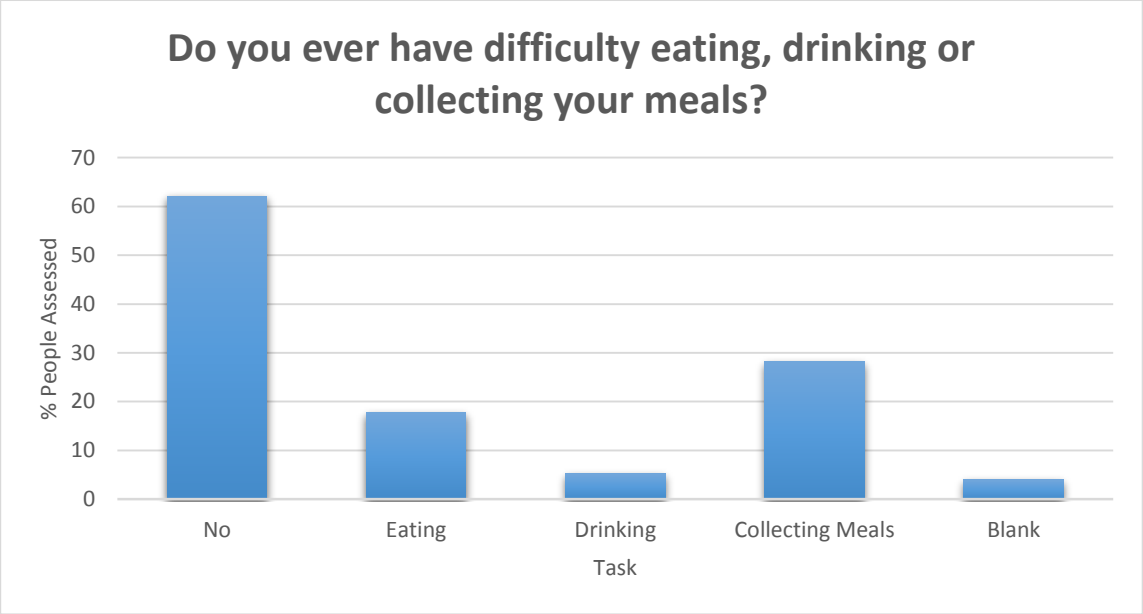

Figure 9 Graph showing responses to the question 'Do you ever have difficulty eating, drinking or collecting your meals?'

Room cleanliness

35. 26% (n=46 of 177) of respondents described getting help to clean their room – this was primarily from other prisoners, either informally or from passmen or industrial

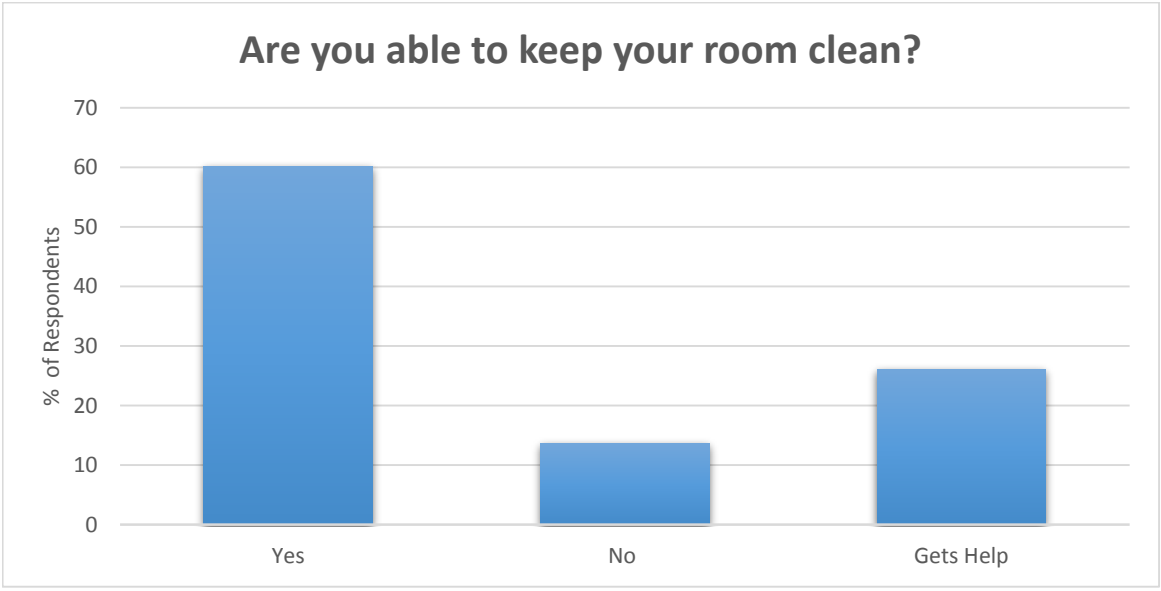

Figure 10 Graph showing responses to the question "Are you able to keep your room clean?"

cleaning teams tasked with helping them keep their room clean or attend to tasks like changing bed linen. Low single figures described carers helping them keep their room clean.

Are you confident getting around the prison?

36. When asked if they felt confident "getting around the prison" 54% (n=95 of 175) of respondents replied that they were. 28% (n=49 of 175) of those assessed who responded to this question did not feel confident moving around the prison while a further 18% (n=31 of 175) felt confident in particular parts of the prison or felt reasonably confident but relied on informal support. For example:

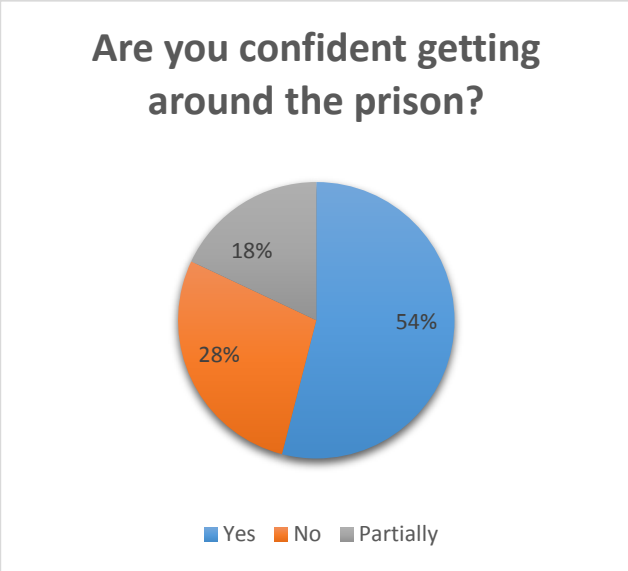

Figure 11 Chart showing responses to the question 'Are you confident getting around the prison?' as a % of total responses (n=175).

"I am confident. I have fallen at times, but I can move around prison if not too far. I keep close to the walls when walking and will cling to a prisoner if I'm about to fall. They are pretty helpful and understanding."

And:

"I get a grip on someone's shoulder. It's like I said – you need pals and you would struggle if you were a loner."

37. People who were not entirely confident getting around the prison primarily gave their reasons as a lack of accessibility, mobility or health issues.

Example Quotes:

> "I need help to walk on slippy surfaces and even on carpet"
>
> "If I am in my electronic wheelchair I am confident but if I need to get out of my chair it gets a bit hairy."
>
> " 'In Education, I missed a step and fell and I had some bruising so I've never gone back.' When I asked how this impacted on his interest in using computers Mr ---- said that there are currently computers in the Education room only."

38. 76 people reported using equipment to help them move around the prison (44% of the 173 respondents). The most commonly used pieces of equipment were walking sticks and manual wheelchairs. Of those who use equipment almost half described using several pieces of equipment for different purposes.

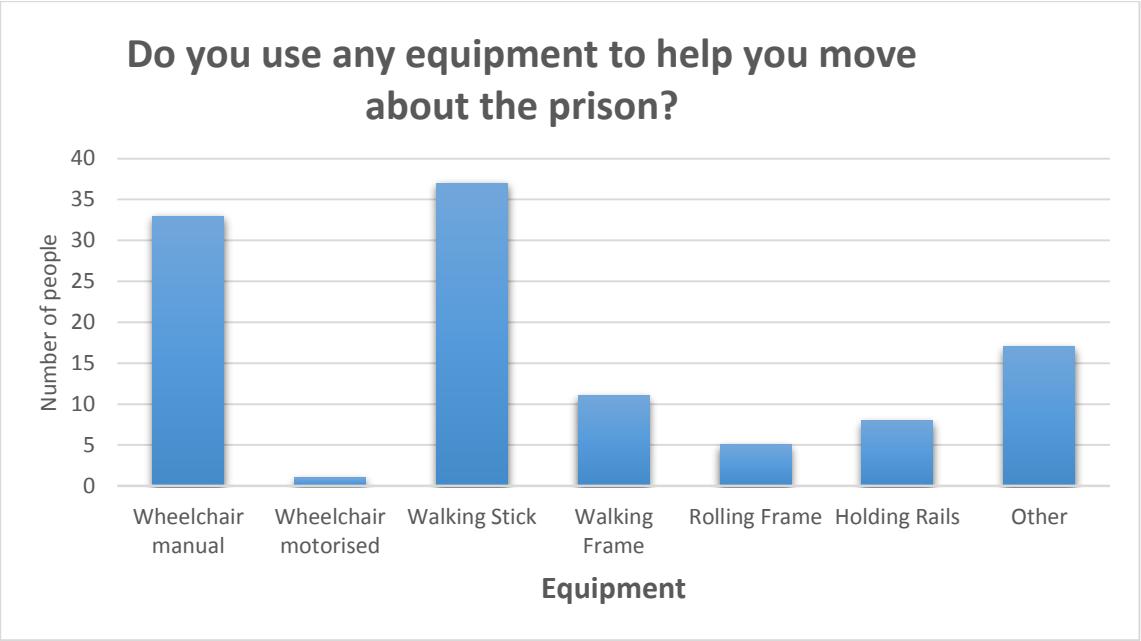

Figure 12 Chart showing responses to the question 'Do you use any equipment to help you move about the prison?'

Are you able to take part in activities in jail?

39. The majority of people assessed (65%, n=115 of 177) felt that they were unable to take part fully in activities in prison (Figure 13). The primary reason given for not feeling able to take part fully in activities in prison was ill health (Figure 14). The second reason most frequently give was mobility/accessibility. Specific accessibility issues related to visual impairment and access to suitable toileting facilities at different places in the prison were also raised.

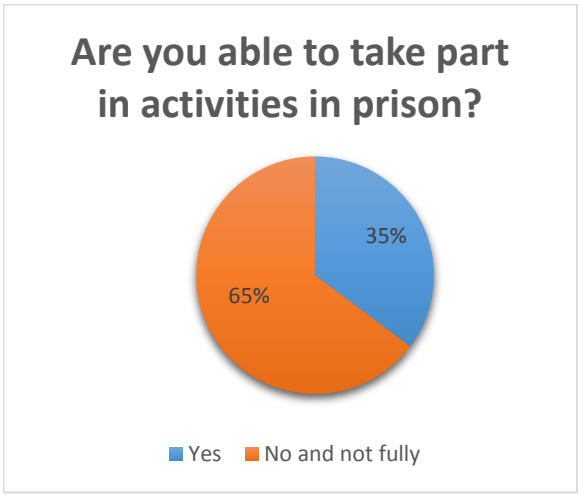

Figure 13 Responses to the question 'Are you able to take part in activities in prison'. (176 responses)

40. Health was given as the main reason why people could not take part in prison activities.

Example quotes:

> "Client advised that he doesn't wish to be involved in any other activities mainly due to health reasons in that he has impaired mobility, gets out of breath easily and perspires even from minimal exertion/movement and has very poor coordination"

> "I do not take part due to breathlessness and pain."

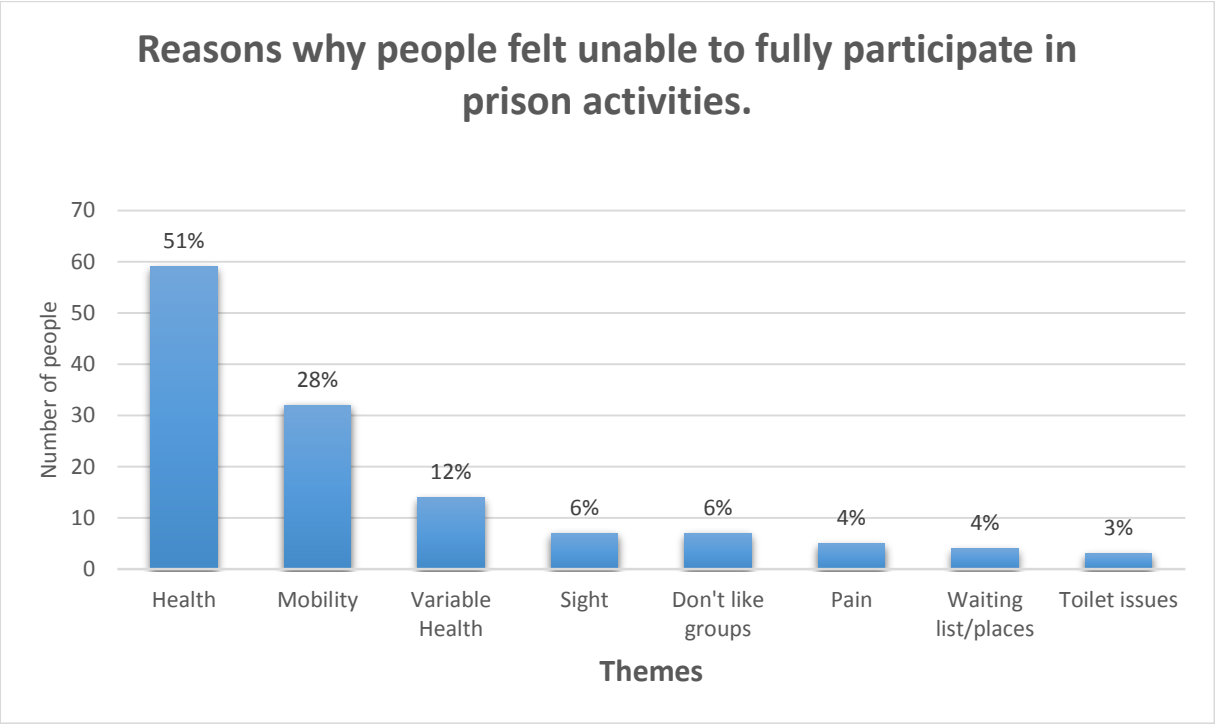

Figure 14 Graph showing the reasons people assessed gave for feeling unable to fully participate in prison activities. The % of people who felt unable to fully participate for that reason is given above each column. Some participants gave multiple reasons.

> "Unfortunately, due to my conditions I am extremely limited as to which activities I can get involved with. On a good day I can manage to walk about 10-12 yards max, after which I am breathless and unsteady."

41. Mobility was the next most commonly discussed reason why participants felt they couldn't fully take part in activities in prison.

Example Quotes:

> "____ feels that the lack of wheelchair access restricts his options of equal participation in prison activities. As an example of such, ___ stated that he would like to have access to the gym. From what he said, even the gym, has limits for disabled individuals"

> "I do not attend any activities as it is too far to walk to these groups"

> "Some areas of the building I cannot access because there is no lift"

> "I enjoy working and keeping busy. I previously attended a work party but after just 30 mins this was discontinued and I was told that as I walk with a walking stick I was a risk to myself and other prisoners."

42. 'Variable health' was coded separately to 'Health' because 14 people spoke about how they would like to take part in activities but because their health was not always good enough to take part they might not have the opportunity – even though on 'good days' they did feel well enough to take part.

Example Quotes:

> "If I get the chance - but it depends on whether I'm having a good day or a bad day. My health is variable."
>
> "This issue caused some problems because there is no grey area. Either you go to work or you are on report. Now, because of this medical 'fit note' it's accepted that there may be days when I am unwell, and therefore not able to come to work." Mr -- appeared relieved that he has retained his job and will not now lose it because of his health condition.
>
> "Mainly is able to get involved in activities but suffers from back problems … which can restrict her involvement when she is experiencing pain from this."

43. 7 people spoke about visual impairments restricting their opportunities to take part in activities in prison.

Example quote:

> "___ is registered as partially sighted. ___ stated that he would like to be involved in some form of engineering / mechanical work. ___ indicated that he has been informed that he will not be able to access work due to the fact that he is partially sighted."

44. Other reasons given for not feeling able to fully take part in activities in prison included not liking or feeling comfortable in groups, pain, that there were waiting lists to get in to groups, that arthritis made it difficult to take part in activities in cold weather and that toilet concerns and access to toilets made them hesitant to take part in activities.

Example Quotes:

> "Client advised that she would like to go to the Gym but is too anxious to attend and that she finds social situations, even going for lunch, very hard"
>
> "___ intimated that he would like to attend the education group. However ___ disclosed that as a result of an on-going medical condition, (relating to his bowel and bladder), he feels uneasy at attending this."
>
> "I cannot go to the gym because of my health. Exercise in the summer is ok but in the cold my arthritis is bad"

What Makes a Good Day? and What's Important to You?

45. Participants were asked "What makes a 'Good Day'?" and "What's Important to you?" The intention of these questions was to explore areas of importance to those assessed and common themes that might not be picked up by closed questioning.

What makes a Good Day?

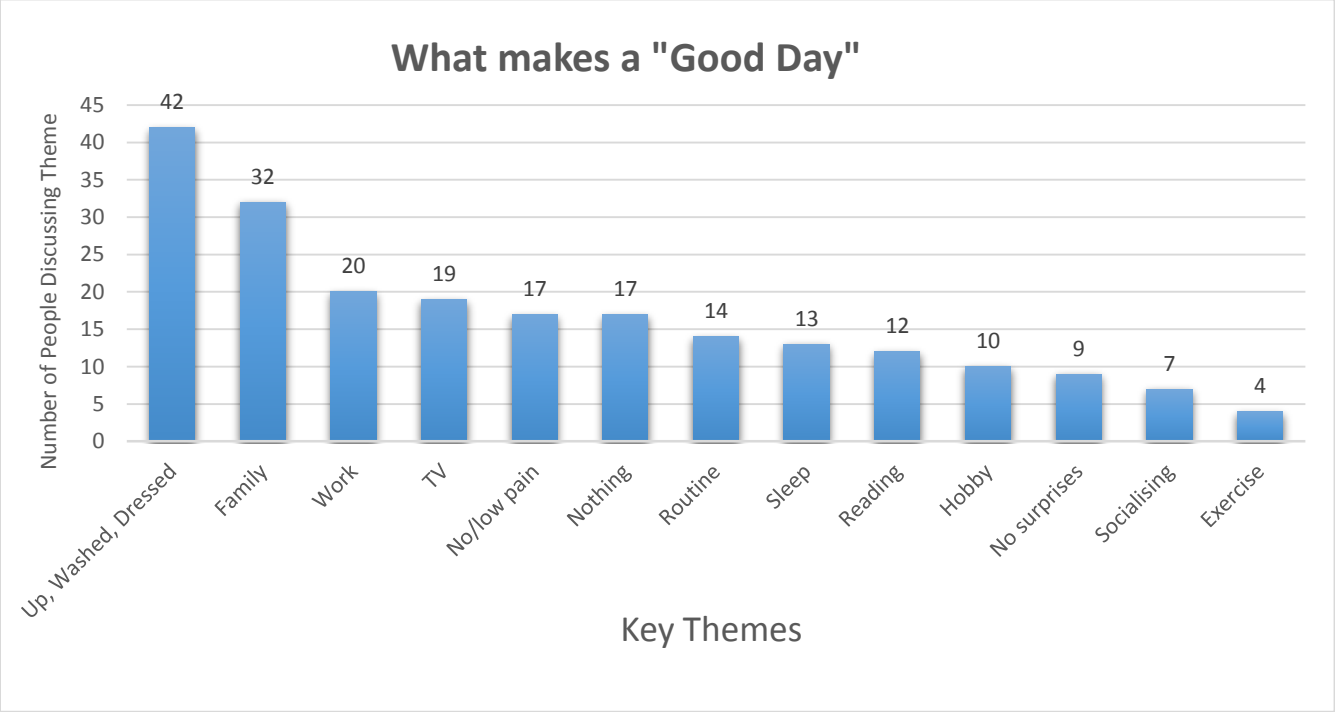

Figure 15 Key themes in responses to the question 'What makes a good day?' The number of people who discussed a theme is given above the column.

Responses to the question 'What makes a Good Day were, as expected, extremely varied. However after thematic analysis several key themes emerged.

46. The most commonly discussed theme defining a good day was 'getting up, getting washed, getting dressed'. 42 people spoke about this in some form.

Example Quotes:

> "--- likes to get up, wash and dress, collect his medication, and have a shower before going off to work.
>
> "When asked, what makes a good day, he said: "Getting up and getting a shower (it's comforting to feel fresh and clean)."
>
> "--- stated that … every day can be different but this is primarily due to how he is feeling. On a good day --- will get up, wash and dress, collect his medication."
>
> "--- states that for him, a good day is that he will get up, wash and dress and have breakfast. ---- is of the opinion that as long as he is busy then he will have a good day."

47. The next most common theme was family contact - that a 'good day' was marked with interaction with family in some way. 32 people spontaneously spoke about the role of family in a 'good day'.

Example Quotes:

> "My faith and my family get me through the day. I talk to my family every day."

"Client advised that he enjoys regular visits from siblings and from his two sons and daughters whom all visit regularly."

"I always phone home, every night, and speak to my wife and family, either my wife and daughter or my youngest son. I have plenty of visits – maybe four or five each month – and my family are 100% behind me"

"Client advised that she looks forward to contact from friends and to visits from her Gran"

48. 21 people spoke about how going to work or taking part in work is a key part of a 'good day'.

Example Quotes:

"Advises that she has a job in the kitchens which she looks forward to as it 'gives a reason for her to get up'."

"I go to work which gets me out my cell and gives me something to do."

"Client advised that he looks forward to attending his work group"

"A good day within prison for ----had previously involved going to work, (e.g. woodshed, laminates). At this moment in time --- is awaiting medical clearance to allow him to work again."

49. Television played an important part in a good day for 19 people

Example Quotes:

"He likes watching documentaries mainly about Wildlife in his Cell."

"What makes a good day? He told me: "Anything half decent on the telly"

50. 18 people felt they didn't have 'good days'.

Example Quotes:

"I don't particularly have good days. My breathing difficulties are always present."

"There's no such thing as a good day - you are locked up as a disabled prisoner and if you don't have a good relationship with the staff on duty then forget it. In my case, I'm locked up for 20 ½ hours a day because I am disabled and I cannot work."

"Very little makes a good day in here – it's a struggle full stop."

51. 16 people spoke about pain and defined a 'good day' as one with no or reduced pain.

Example Quotes:

"To be pain free from backache and headache. I have two fractures in my spine … and I suffer from arthritis and headaches. A good day is when I don't have backache or headache."

"(When) I have no pain, which I suffer sometimes in my leg. In summary – free of pain."

52. 15 people spoke about how structure and routine contributed to a good day for them.

Example Quotes:

"I'm quite happy with the routine – I'm ex-forces"

"Client advised that she likes the routines at the prison which provides structure to her day"

"Client advised that she enjoys the structure that the prison affords her and which she feels "helps her through the day"

"What makes a good day? I'm in a settled routine, up for work in the morning with the same structure every day except for weekends. I don't know how I would cope if I was on the outside. I would miss the structure."

53. Linked to routine and structure eight people specifically spoke about how a good day was one without unexpected changes.

Example Quotes:

"No changes to my normal routine is good for me".

"When there are no problems, and when I am problem free. I hope everything goes well in the hall and that I get on well with everyone including the staff.

"Marking time peaceably, getting through the day without any trouble."

54. 12 people explicitly mentioned sleep as a response to this question. They spoke about how they felt that a good night's sleep would lead to a good day.

Example Quotes:

"Having had a good night's sleep - an unbroken sleep – is first and foremost what will influence my day."

"Having a decent night's sleep on a mattress that's not either so thin you can feel the metal bed frame or so used it's like sleeping in a saucer – he clarified this saying mattresses will curl with time and constant use – One 'cement bag' of a pillow isn't enough because I need to sleep semi-prone."

"Waking up naturally without staff doing number checks."

"For___, the night before has a significant impact on the day ahead being good or otherwise. If ___, has had a good sleep then there is a possibility that the day ahead will be better than others. If she has not had a good sleep then the day ahead will be a struggle."

55. Reading was mentioned by 12 people as a component in a good day.

Example Quotes:

"---- likes to spend time reading and writing letters."

"I am an avid reader and I'm doing the six book challenge. I read through the night because the pain keeps me awake."

56. 10 people spoke about how time spent at a hobby was important to them.

Example Quotes:

"I like art and I draw"

"For the rest of the day, when he is in his room, ---- will listen to some music"

57. Eight people described a good day as one where they socialised with others in the prison.

Example Quotes:

"Meeting other inmates"

"Client advised that he enjoys contact with his peers."

"Client advised that she enjoys contact with peers, chatting etc."

58. 4 people described exercise as a key component in a good day.

Example Quotes:

"___ likes to get up and try and spend time in the gym, which he feels helps his mental well-being."

"Client advised that she looks forward to going to the gym to work out regularly."

What's Important to You?

59. Responses to the question 'What's important to you?' were also extremely varied (Fig 16). However again after thematic analysis key themes emerged – many overlapping with those in the responses to 'What makes a good day?'.

The most common topics raised were family, socialising with other prisoners, and taking part in prison groups – through work, groups or hobbies.

60. The most common theme discussed was family.

Example Quotes:

"My kids! My family! My family is close knit and supportive."

"___ also benefits from visits from his sister and his friends, who had recently travelled up from (England) to visit"

"My family are most important"

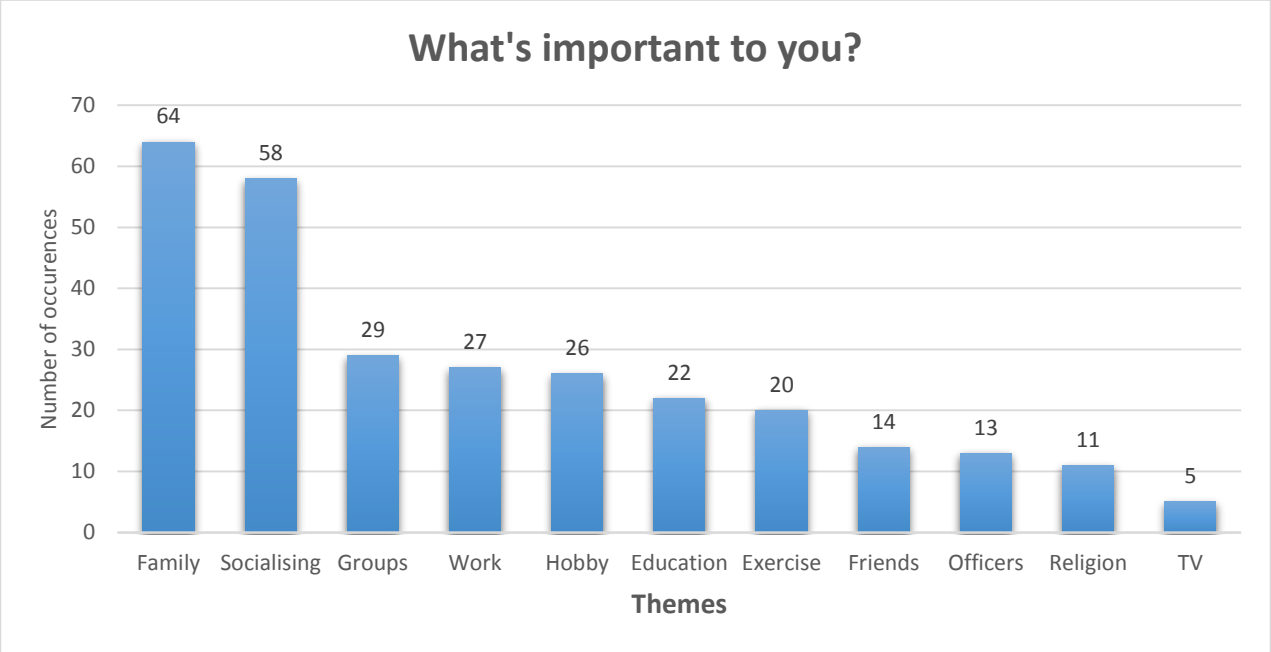

Figure 16 Themes seen in responses to the question 'What's important to you?' The number of people who discussed each theme is given above each column.

61. The next most prominent theme was socialising in prison with peers. 58 people spoke about how important socialising with other people in prison was to them.

Example Quotes:

"I've made a lot of good friends inside – wee ---- is like a daughter to me."

"--- is my main support and we've become trusted friends."

"--- enjoys socialising with others and enjoys playing dominoes."

"--- enjoys the interaction with others and at this time he is teaching another prisoner to play the keyboard."

"There are a few prisoners whose company and chatter I enjoy"

"I enjoy the company of others and enjoy the crafts group."

62. Purposeful activity was discussed in the form of groups, work, hobbies, education and exercise.

63. Groups were discussed by 29 people.

Example Quotes:

"--- also attends a "Talking Group", which he enjoys, not for the discussion, but to listen."

"Client advised that she has … started with the "Gardening Group" which she enjoys."

"--- likes to attend the "Education Group" and "Alcohol Groups""

"Client advised that she gets a lot of pleasure from attending the Art Group"

64. 27 people spoke about their work being important to them.

Example Quotes:

"Client advised that she carries out "Housekeeper" duties five days per week which she enjoys."

"Client advised that he enjoys attending the "Recycling" work group which he attends three days per week"

"___ enjoys working in the pantry situated within his wing of the prison."

"--- was quite clear in his order of importance - Church, work in the prison woodshed and helping others."

65. 26 people spoke about a hobby

Example Quotes:

"My art work – I really enjoy it and it's very important to me. We have an excellent staff base on the wing, both shifts. I'm actively encouraged with my art."

"---is part of a rock band that rehearse Tuesday or Wednesday and Thursday."

"Client advised that he prefers not being involved in group activities within the prison but that he likes "technical related things" and enjoys doing "Geometric drawings" along with other technical orientated activities."

66. 22 people spoke about education when asked 'What's most important to you?'.

Example Quotes:

"---- attends education group where he is improving his ability to read and write."

"___ enjoys attending education to help with his literacy skills."

"Client advised that he feels he has benefitted from his attendance at the "Education Group" during his time in prison."

67. 20 people spoke about exercise – particularly enjoying attending the gym.

68. 13 spoke about the importance of their relationships with officers.

Example Quotes:

"Enjoys contact with his peers and staff."

"I get on well with the staff, they are very good."

"I have two very good staff PO --- and --- who will help in any way they can"

69. 10 people spoke about the importance of faith in their life.

Example Quotes:

"---- also attends the Church of Scotland service conducted within the prison."

"I go to Church every Sunday morning, I like to go to this."

"I've been on a few courses such as Christianity Explored and Discipleship Explored, and my faith gives me a lot of comfort, helping me understand what has happened."

70. TV was discussed as important by five people.

Example Quotes:

"I also watch TV and I enjoy the news, anything to do with nature."

"Enjoys going to the Film Club, watching TV and listening to the Radio."

"---- said he watches a lot of TV and is particularly interested in watching box sets"

Cross Assessment Analysis Additional Themes

71. After the responses to all questions had been quantitatively and qualitatively analysed the assessments were analysed cross question to look for themes that could be seen throughout free form responses. These are themes seen estate wide – in old and new builds.

Falls

72. A major theme seen across assessments was fear of falling or experience of having a fall. 44 people (almost 25% of those assessed) spoke about falls they've experienced or

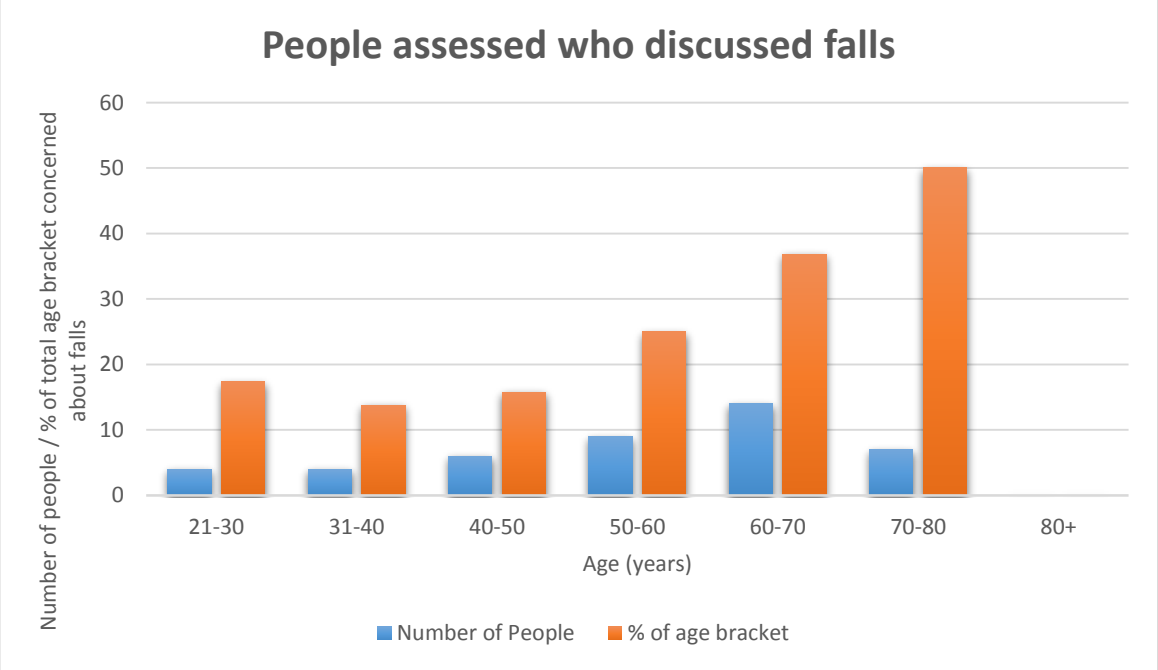

Figure 17 Graph showing the prevalence of discussion of falls and fear of falls by age bracket. Falls and fear of falls are discussed by people assessed in every age bracket bar the over 80's. It should be noted that only three people aged over 80 were assessed.

their fear of falling. This 44 included 40 men and four women and inhabitants of both older and new build prisons.

Example Quotes:

> "Asked about being confident getting around prison - "Yes – no problems [when asked further] I've fallen when my left leg gives way. Sometimes I use crutches if my sciatica is bad."
>
> "Sometimes I lose my balance and I cannot put on my trousers without falling over. Also, they found me on my back after I fell in the shower."
>
> "I am confident but I've had a number of falls. This has reduced since the hospital gave me a 3xW Zimmer."
>
> "I have a fear of falling and sustaining head injuries. Consequently, I don't feel particularly safe in the Recreation and I don't feel comfortable with some younger prisoners."
>
> "I have taken dizzy turns when getting out of bed and I've fallen … the floor is painted concrete and can be slippy and the plastic chair can move under you."
>
> "I have had two falls in my cell. I have not told staff. I jarred my back when I fell. I lost my balance going from the toilet to sitting down on one occasion"

73. It might be expected that people in custody in older buildings (e.g. HMP Barlinnie, HMP Perth, HMP Inverness, and HMP Greenock) would be more likely to discuss a fear of falling than those in custody in prisons built more recently. If results from HMPYOI Cornton Vale are excluded (many of its floors are carpeted) a greater proportion of those assessed in more recently built prisons discussed falls than those in residence in older prisons. 29% (n=30 of 102) of those in 'newer prisons' described falling or a fear of falls compared with 19% (n=10 of 52) in older prisons.

Mattresses

74. 17 people spoke about their mattress - and in some cases the effects they felt they had on a health condition.

> "Client advised that his mattress is very uncomfortable and serves to aggravate back pain and is unable to sleep well as a result of this."
>
> "He said that his mattress is 'brick hard' and offers no cushioning for his hip, which might suggest disturbed sleep."
>
> "My back pain is not relieved with prison mattresses but a simple technique of using two mattresses does help provide limited respite when I am in bed."
>
> "Combining two mattresses is the worst thing you can do as they still tend to compress over time and the dip is more deep and uncomfortable than with a single mattress."

Reluctance to accept care/help

75. 15 people spoke about how they would be reluctant to accept support even if offered.

Example Quotes:

> "No! I've been offered a million times but I don't want anyone in my personal space."
>
> "___ is very reluctant to accept any help with his personal care within the prison setting."
>
> "____ also disclosed that he would not accept formal or informal support within the prison. ____ did intimate that he would accept care and support when he was living in the community."
>
> "I have trouble getting my clothes on and off because I have Arthritis. I do all these things myself. I do not ask for help."
>
> "I could buy a stick but I don't want to look like that. I'll just give it a miss."
>
> "I don't use the shower even though it is fitted with grab rails and a wall mounter shower chair – why? – I would need a rubber shower mat and preferably a male care worker to help with skin care and pressure sore. My current carer is a young female, and I wouldn't feel comfortable."
>
> "No – I wouldn't have someone help me, not at the present time. I am managing by myself.
>
> "Originally, the nurses came in once weekly to help me with washing but it was too embarrassing"

Care from family

76. 14 people spoke about expecting family or friends to care for them – in several instances the assessor suspected that more formal care would be also required.

Example Quotes:

> "Mr --- said his aunt's son shares the family home and is willing to take care of him"
>
> "___ is reluctant to accept any formal care and support provision, relying instead his family."
>
> "I won't need care workers – my daughter is a carer and she worked in a school and then an old folks home, so I know the drill"
>
> "Mr - is adamant he does not want to be a burden to his family. His partner has asked him to discuss this, but he has avoided doing so because, as he puts it: "She doesn't understand just how dependent I am now."

"He stated that he has a friend who could provide informal support if required, but it is my opinion that ___ will require a more formal provision."

Caring on release

77. 13 people spoke about being expecting to take on a caring role on release.

Example Quotes:

"She is the principal carer for her dad who is currently unwell – a role she will return to when released from prison"

"He expressed concerns when talking about his wife's mobility and her weight saying, "I can't lift her." From what he has told me I believe a Carers Assessment should be conducted, if it has not already been carried out"

Accessibility

78. As discussed earlier in this report many of those assessed spoke about accessibility in prison - how they felt that issues with their mobility, vision or hearing stopped them participating in activities. A specific issue discussed was the issue of wheelchair access/ assistance with a wheelchair. 10 people spoke specifically about wheelchair access/wheelchair assistance.

Example Quotes:

"I had some use of a wheelchair shortly after I arrived in the prison but this belonged to someone else and is not available now. It is always difficult to get someone to push you as staff will not do it."

"___ feels that the lack of wheelchair access restricts his options of equal participation in prison activities"

"Even if I had someone push me in my wheelchair that would be a great help but they don't do it. The doctor said that was a decision for the officers and I should speak to them and ask for a passman. Then when I asked the officers said that was a medical decision and the doctors' responsibility to authorise a personal assistant, so I was being batted back and forth"

"If you're a wheelchair user, you'll struggle to get anyone to push you to visits, health centre, agents, library etc. without having to bribe someone."

Worry about release

79. A final common theme was that of anxiety about release. 13 people spoke about concern for what would happen to them on release.

Example Quotes;

"--- is quite anxious with regards living in the community. ---- disclosed that he is already in contact with SACRO, but does not know where or where he may not live."

"Like many individuals who have been interviewed, --- is anxious about what will happen when he leaves the prison."

"___ is due for release in ___, and he and the officer spoke about the future...it is worth noting that this is causing _____ a great deal of anxiety and stress. It would be helpful if _____ could be supported to prepare him for living in the community."

Additional Assessor Comments - debrief

80. On completion of individual assessments all assessors took part in a debrief interview to discuss additional themes and observations. The two main themes of these debriefs were access to independent advocacy and medication review.

Polypharmacy and medication review

81. Three of the assessors spoke about their concern that several people in custody in different prisons had spoken about changes in medication on transfer between prisons – and that they felt that their health had declined as a result. Healthcare and prescribing is an NHS matter and prescribing practices may vary between Health Boards. SPS may wish to consider highlighting these comments to the National Prison Health Network (NPHN) Expert Advisory Group. Polypharmacy has been linked to falls risk[34].

Advocacy

82. Each of the assessors also commented on, what they perceived to be, a lack of access to independent advocacy in prison. In Scotland anyone with dementia, a learning disability, a mental health issue or a personality disorder is entitled to independent advocacy under the 2003 Mental Health Act. This should be funded by their Local Authority or NHS Board[35].

"Commissioners thereby have a legal duty to ensure that everyone with a mental disorder in their NHS Board or Local Authority area can access independent advocacy. This duty applies to children and young people as well as adults … and also prisoners."[36]

Given the proportion of the prison population with diagnosed or undiagnosed mental health issues and/or learning disabilities the assessors expressed surprise at what they felt was little evidence of, or information on, independent advocacy provision for people in prison. SPS may wish to encourage Local Authority, NHS and Integration Joint Board colleagues to explore the current provision of individual and collective independent advocacy services (and information about those services) available to those in custody.

Discussion and Conclusion

Who has social care needs?

83. The support of people in custody with social care needs is often a discussion couched in terms of the ageing prison population. The ageing prison population is likely to drive increasing social care need in prison, however almost 50% of those put forward for

assessment in this piece of work were aged under 50. Table 1 and Figures 3 and 4 illustrate that those assessed ranged in age from 22 to 87 years old and were resident in prisons across the estate.

84. There are people of all ages, genders and offence histories with social care needs living in prisons across Scotland. This information will inform future policy development.

Family and Friends

85. The role that family can play in supporting people to imagine a positive future and to reintegrate into society on release from prison is well established[37,38]. In response to the questions 'What makes a good day?' and 'What's important to you?' 82 people (45% of those assessed) spoke about their family. Splitting these results by gender reveals that 44% of all women assessed and 47% of all men assessed discussed their family in response to this question. Further analysis reveals that while 40% of those men assessed with a sex offence marker spoke about their family 57% of those men assessed who did not have a sex offence marker spoke about their family. 43% of those over 50 spoke about their families and 48% of those under 50 spoke about their families.

86. Regardless of gender, age or sex offence indicator status – families and family contact matter to many of the people assessed in this research. When considering options for housing an increasing older population SPS' 2000 *Intervention and Integration for a Safer Society* highlighted that the danger of central specialised facilities for those with additional needs is that 'difficulties of family contact analogous to those presented by Cornton Vale or the YO system would occur'[39]. These concerns could also be said to hold today. Given the body of evidence on the positive effect family contact has on hope for the future, reintegration and post release care - adoption of best practice would minimise family estrangement in future plans for housing those in custody with social care needs.

87. In addition to familial support 59 of those assessed spoke about how important socialising with peers or a specific friend in prison is to them. 13 spoke about their relationships with officers as important to them. Half of those receiving support with activities of daily living spoke about receiving it informally from a fellow prisoner.

> "I have lots of friends in here. You can't get by without them. I wouldn't be able to cope if I didn't get some help from time to time."

Relationships between prisoners can provide moral and practical support[40]. Given the importance ascribed to those relationships by those assessed as part of this study the SPS may wish to consider the role of those relationships in the accommodation of those with high care needs – particularly in relation to potential transfer of those serving long sentences who may have established support networks over the course of a stay in one hall or prison.

Carers and Cared For

88. 14 of those assessed expected to care for a family member on release. The Scottish Community Care and Health (Scotland) Act 2002[41] states that carers who intend to or

provide a 'substantial amount of care on a regular basis' have a right to a carers assessment (independent of an assessment of the person requiring care). The results from this study raise the questions:

- How many people being released from custody are released into a caring role?; and
- How accessible is the support due to carers to people approaching release from prison?

An aging prison population, and population in general, mean a likely increase in the number of people released from prison to spouses and family in need of care.

89. Another 13 of those assessed expected to be cared for by family on release. HMIP's 2014 report on prisons in England and Wales, *Resettlement Provision for Adult Offenders*[37], found that 'too little account was taken of whether initial arrangements for living with a family on release were sustainable and what continuing support might be needed' – this is reflected in comments from the assessors who wondered whether the belief that family could fully support increased social needs was always realistic. These results reinforce the need for full shared assessment for social care needs prior to release – a multidisciplinary assessment considering the context in the community that person is returning to and its suitability.

Assessment, Care and Throughcare

90. The assessors recommended that 70% of those assessed had need of further assessment and/or profession involvement. This included, among many others, capacity assessments, speech and language assessment, occupational therapy environmental assessments, community care assessments and housing. Responsibility for the provision of these assessments is ambiguous - both for those mid-sentence and those anticipating imminent release. SPS may wish to collaborate with NHS Boards, local authorities and Integration Joint Boards to clarify responsibility for arranging and carrying out assessments – for people in mid-sentence and for those approaching release.

91. Almost half those assessed as part of this piece of work who are receiving assistance with activities of daily living are receiving it from their peers in prison. 15 of those assessed expressed reluctance to engage with formal care were it available. This result suggests that while it is important to formalise responsibility and pathways for assessment and provision of care there should also be consideration of what type of support is available and how it is offered. Reablement may offer a more cost and outcome effective solution than traditional care – one that may also be found more acceptable by those who would benefit from support. Reablement is a means of assisting individuals to lead full and independent lives by building their own skills to carry out tasks themselves, staying independent and safe. It is associated with better health-related quality of life and social care-related outcomes compared with conventional home care[42]. In line with best practice SPS and partners may wish to work towards policies that encourage and support independence - and avoid providing unnecessary care that could lead to loss of independence, people losing the ability to take care of themselves or 'deskilling'.

92. In the English and Welsh Prison Service the elements of care which can appropriately be carried out by fellow inmates has been clarified and formalised[18,43]. The SPS may wish to consider issuing similar guidance to Scottish prisons.

Equipment

93. 42% of those assessed used at least one piece of equipment to help them get around the prison. The SPS may wish to work with partners to access community joint equipment stores and to give consideration to storage, maintenance and transfer of the equipment between prisons.

Throughcare

94. Of those assessed 13 expressed anxiety about life after prison – about whether they'd be able to access suitable accommodation, care and 'what would happen to me'. Anxiety about release is widely reflected in the literature[44]. Ensuring timely assessment prior to release, establishing packages of care and ensuring that those approaching release are fully informed would likely reduce some of this anxiety. The availability of suitable support services influences the likelihood of someone reintegrating into community of release from custody[45]. Partnership working between agencies is required in order to put this support in place[46] and to overcome some of the barriers for people who have a history of offending accessing community services like supported accommodation [47,48].

Falls

95. A core theme seen across the estate was that of falls or fear of falls. As described in Figure 17 this was more common in older prisoners but was seen across age brackets and ages of prison build. Almost a quarter of those assessed spoke about their fear of falls. Research suggests that this fear is not unfounded. A study of Californian inmates found that 51% of female inmates over 55 reported a fall in the previous year[49]. Falls can result in complex injury which can require surgery, physiotherapy and long term care or lead to loss of mobility. Falls are the commonest cause of death from injury in the over 65s and 5% of those who fall in the community experience a fracture or require hospitalisation[50]. Likelihood of falls is increased by poor lighting, slippery floors, a lack of handrails, inappropriate footwear, multiple medications, dementia, and head injury – many of which could be considered risk factors for people in prison where, as a thematic inspection on older people in English and Welsh prisons by HMIP found, "standards of accommodation, services and care for particularly frail and ailing prisoners fall far short of the standards required for care homes"[51].

96. Such is the cost of falls to health, social care and the economy that in 2014 the Scottish Government published the national strategy - *The Prevention and Management of Falls in the Community a Framework for Action for Scotland 2014/2016*[52]. The SPS may wish to consider working with NHS and Scottish Government to consider how to prevent falls and allay the fear of falling in Scottish Prisons. Reducing falls and the fear of falls would

not only reduce the risk of harm to people in custody but could increase participation in purposeful activity.

Accessibility

97. The accessibility of facilities and services in prisons came up across genders, prisons and age brackets.

Showers

98. Washing was part of the most commonly discussed component of 'what makes a good day' and was also the most common activity of daily living that people reported difficulty with. There were 36 specific comments on the accessibility of prison showering facilities (including a lack of shower accessories like shower seats, long handled brushes, rails, accessible shelves for toiletries to avoid bending and short rinsing opportunities leaving slower showerers 'soapy'). These results suggest that in at least some cases people may not need active support to shower but could remain more independent with accessible washing facilities/access to washing aids. Given that a number of those assessed specifically mentioned falls in shower facilities the SPS may wish to consider alterations to showers that could improve accessibility.

Wheelchair Accessibility

99. Ten people assessed made explicit comment about wheelchair accessibility and a lack of assistance available in prison to push their wheelchair. In several instances the comments made explicit comment that "staff will not do it". The ambiguity over whether or not prison staff should or should not push wheelchairs is an issue that has been raised in numerous reports[53, 3] and inspections[51] – in Scotland and throughout the UK. The 2010 Equality Act means that where "provision, criterion or practice … puts a disabled person at a substantial disadvantage in relation to a relevant matter in comparison with persons who are not disabled" an organization must "take such steps as it is reasonable to have to take to avoid the disadvantage"[54]. While passmen can be (and in many prisons are) trained to push the wheelchairs of other prisoners occasions may arise where it is not possible or appropriate for a prisoner to push a fellow prisoner in a wheelchair. For these reasons SPS may wish to consider potential solutions to ensure that people using wheelchairs who require assistance are able to access it. This issue is likely to be reflected in the thematic inspection on older prisoners currently being carried out by HMIPS. It may also be considered that a lack of clarity on this issue could constitute an internal security risk if, as one person alleges: "If you're a wheelchair user, you'll struggle to get anyone to push you to visits, health centre, agents, library etc. without having to bribe someone.".

100. These issues link to wider work into the changing role of prison officers, the support staff need to their job and the anxiety that a change in that role can engender [55]. The SPS may wish to work with trade union partners to produce clarifying guidance on this topic.

Purposeful Activity

101. HM Chief Inspector of Prisons for Scotland (2012) described purposeful activity as:

"Any activity which, during the working day, encourages the process of improvement. This includes work, vocational training, and education and programmes to address offending behaviour (such as addictions), access to PE and visits. If prisoners are not engaged in such activity, they are most likely locked in their cells and this I deem not to be purposeful activity.[56]"

102. This estate wide assessment highlighted both the value people assessed put on purposeful activity/time out of cell and some of the barriers they experience. 21 people talked about work being part of a good day, while 29 spoke about how important groups they took part in were to them, 26 spoke about a hobby, 22 education and 20 exercise. In total 99 (55%) commented on what might be described as purposeful activity and how important it is to them when asked 'What makes a good day?' or 'What's important to you?' Despite this 115 people (65% of respondents) felt they were unable to fully participate in activities in prison. Chief amongst the reasons was health, followed by mobility and variable health. Wider accessibility issues including sight and toilet access were also discussed. People described feeling unable to take part in the activities offered by their prisons either because they felt too ill to take part in the activities on offer, felt unable to get there/partake in the activity or were in some other way blocked from taking part. Research suggests that people unable to take part in mainstream activities are "are particularly likely to remain all day inside their cells with little or no occupation or stimulation"[57].

103. Given that "Taking forward priority developments within the Purposeful Activity Strategy is one of SPS' 6 priority actions for 2016/2017[58]", the scrutiny of the Justice Committee and the likely increase in people with social care and mobility needs with the changing prison population SPS may wish to ensure that local and national plans for the provision of purposeful activity consider this population.

Sleep

104. The importance of 'a good night's sleep' and a comfortable mattress was a theme throughout assessments, genders, age groups and prisons. 12 people explicitly spoke about the link between 'a good night's sleep' and a good day. 17 people spoke about the quality of their mattresses and pillows, the effects that they felt these had on the quality of their sleep and, in some cases, how they felt they exacerbated health conditions.

105. There is a wealth of research looking at the effects of sleep deprivation/restriction on physical and mental health, ability to learn, cognitive ability, memory, ability to concentrate and aggression. Among other conditions a lack of sleep has been linked to lowered self-control[59], increased perception of pain[60] and an increased risk of dementia[61,62].

106. Given the known detrimental effects of a lack of sleep, how important participants considered a good night's sleep and the theme of uncomfortable bedding in several recent

HMIPS inspection reports[63,64,65,66] SPS may wish to consider current mattress procurement and whether standardised alternatives to the standard issue prison mattress should be available.

Conclusion

107. For the reasons laid out in the introduction, the percentage of the Scottish prison population who require social care support is likely to increase in the years to come.

108. Many of those assessed spoke of local solutions or improvisations made to meet their needs. This tendency of services and prison staff to improvise is often a great strength in the short term - but can in the longer term lead to 'better than nothing' solutions which may not be conducive to equivalence of care with regard to the broader population[67]. National research has proposed that the nature of prison life can lead to "institutional thoughtlessness" – that the failure of prison regimes and structures to recognise and adapt to the needs of people in prison with additional needs can result in additional harm. Without a strategic approach there is a risk that needs are met or partially met by "a *series of improvisations* – albeit sometimes very creative – rather than systematic or evidence-based practice."[68]

109. SPS is committed to collaborative partnership working – the SPS Values state that "we work with others to achieve the best outcomes" and "we cannot do this on our own, we recognise we can learn from others". Partnership working will be required to develop medium and long term strategies for the support of people in custody with social care needs. The complex nature of social care needs and their interplay with health means that considering a long term national strategy for this population will require work on the part of SPS with NHS, Local Authority, Integration Joint Boards, Criminal Justice and Scottish Government colleagues. There is a case to be made that this population in custody could be considered as a distinct population, with distinct needs – needs that will be affected by SPS, partner organisation and governmental policy. Partnership working is essential in order to ensure equitable services that support the dignity and human rights of some of the most vulnerable people in custody.

Appendix 1 Social Care Needs Assessment Report Form

Name:	
Age:	
Prisoner Number:	
Establishment:	
Staff member:	
Assessment Date:	

About Me

Can you tell me about what makes a good day?
Can you tell me what's important to you – for instance groups, activities or people? Prompts • Are there groups or activities that are important to you? • Are there people you enjoy spending time with?
Are you able to take part in activities in prison? Prompts • For instance work, physical activity, education or religious groups? • Do you currently get support to take part in these activities? • If you can't take part in activities that you'd currently like to be involved in, what would allow you to take part in these activities?

Support

Do you have difficulty with personal care e.g. showering, using the toilet, shaving, washing, dressing or undressing?
☐Using the toilet ☐Dressing ☐Shaving ☐Undressing ☐Washing ☐Getting into and out of bed Comments:
Do you get help with your personal care? Prompts • Does someone remind you to do any of the below? • Does someone help you with any of the below? • Do you use something (e.g. equipment – raised toilet seat, hoist etc.) to help you?
☐Using the toilet ☐Dressing ☐Shaving ☐Undressing ☐Washing ☐Getting into and out of bed Comments:
Do you have a medical condition that makes it harder to take care of yourself?
Are you able to take medication you're on? Prompts • Does anyone remind you or help you to take your medication?

Do you ever have difficulty eating, drinking or collecting your meals?

Prompts

- Do you use anything to help you eat your meals?
- Do you have something to help you drink?

Do you ever get help from someone to eat, drink or get your meals?

☐Eating

☐Drinking

☐Collecting meals

Comments:

Are you able to keep your room clean?

Prompts

- Can you make your bed, clean your toilet, put out your laundry, brush and mop up your room?
- Do you get any help to keep your room clean?

Are you confident getting around?

Prompts

- Have you had any falls?
- Do you feel confident moving around the prison?

☐Yes

☐No

Comments:

Do you use any equipment to help you move about the prison?	
☐Wheelchair (manual)	☐Walking frame
☐Wheelchair motorised	☐Rolling frame
☐Walking stick	☐Holding rails
	☐Other
Comments:	
If appropriate mobility demonstration.	

Professional summary and recommendations

Summary
Please also highlight any communication difficulties, cognitive problems or mobility issues that you've observed through the assessment.
Care Support
Current Care and Support received: Please specify what support is received and who currently provides it, i.e. support received during early morning, getting dressed, breakfast (including frequency and who is involved (NHS, agency, officers, fellow prisoners))
Care and Support recommended: Please specify any support that you consider that this person requires. (including when in the day this support is recommended and how many people you consider would be required to provide it)

Equipment, Specialist Furniture, Aids and Adaptations
Equipment, Specialist Furniture, Aids and Adaptations currently in place: Equipment, Specialist Furniture, Aids and Adaptations recommended (with reasons):
Do you think it likely that this person would require social care support in the community to live independently?
☐Yes ☐No Comment:
Specialist Assessment Recommendations
Do you recommend that this person has any additional health or social care assessments? For instance Speech and Language, Physiotherapy or Cognition?

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