

Welsh Government consultation document

Together for Mental Health Delivery Plan: 2016-19

Consultation response from the Prison Reform Trust

About the Prison Reform Trust

The Prison Reform Trust, established in 1981, is a registered charity that works to create a just, humane and effective penal system. The Prison Reform Trust aims to improve prison regimes and conditions, defend and promote prisoners' human rights, address the needs of prisoners' families, and promote alternatives to custody. The Prison Reform Trust's activities include applied research, advice and information, education, parliamentary lobbying and the provision of the secretariat to the all party parliamentary penal affairs group.

The Prison Reform Trust's *Care not Custody* programme is concerned with people with mental health conditions, learning disabilities and other needs in contact with, or on the edges of, the criminal justice system.

The Prison Reform Trust welcomes this consultation and, where we are able, we are pleased to respond.

Question 1 - Do you feel that there are any priority areas missing from the delivery plan? Please tick appropriate box

The principles of Prudent Health and Care provide a useful framework within which needs are identified and services delivered. It is well evidenced that certain groups of individuals experience greater mental health needs than the general population – offenders, and prisoners in particular, have some of the greatest physical and mental health needs in society, and this is especially so for women offenders and prisoners.

While mental health care for prisoners has undoubtedly improved, parity of treatment and care between prisoners and individuals in the wider community remains challenging. Reflecting the principle of 'care for those with the greatest health need first' we would like to see reference made to particular groups that are known to have greatest need, such as offenders, especially women; children with a parent in prison; looked after children; so called 'hard to reach' groups; and people living in 'closed' institutions – away from the public eye – such as prisons and prisoners.

We support your commitment to 'tangible performance measures' to make it clear that action has been delivered. However, we would like to see performance measures framed as 'outcomes' for potential beneficiaries rather than 'outputs' undertaken by service providers, which individuals may or may not have been able to access or benefit from. Some examples are given below.

Question 2 - Within each priority area we have identified a number of goals and key actions. Do you feel these are the right ones?

Priority Area (PA) 2: we are especially pleased to see the inclusion of young offenders at 2.3. The links between mental ill health, low IQ, learning disability and children who offend are well evidenced, and many prisoners, both children and adult, have prior experience of being a looked after child. We agree that there should be 'tangible performance measures', which we would like to see framed as 'outcomes' rather than 'outputs' - meaning, under PA2, outcomes for children rather than outputs by local authorities and other service providers. One such example might be: 'the proportion of children and young people suffering parental imprisonment who have undertaken a care and support assessment' and, following that assessment and where needs have been identified: 'the proportion of children and young people who are participating in their subsequent personalised care and support plan.'

NOTE: the point concerning outcomes rather than outputs relates to the whole delivery plan.

PA2.2: we suggest that a performance measure is added that relates to a reduction in the number of children and young people with additional learning needs and/or mental health needs in contact with youth justice services.

PA7.8: we would recommend the inclusion of the Integrated Offender Management Cymru Women's Pathfinder, whose first report found that 51.2% of the women seen by the pilot scheme disclosed a mental health problem. This initiative is now being extended to five pilot sites across Wales, and one of its objectives is to improve access into mental health support for women in the criminal justice system. We recommend discussing outcome measures with the Women's Pathfinder team (contact Wendy Hyett) and ensuring that the *Together for Mental Health* Delivery Plan is joined up with the 'whole system approach' and appropriately engaged with the multi-agency case conference arrangements, including the 'single referral route into multi agency services'. For further information see [here](#), and for an example of a young woman helped, see [here](#).

PA7.8: performance measures, 4th bullet point: we would like to see a target for the proportion of reductions in the use of s136 year on year.

PA7.8 (i): key actions: we would like to see this reworded to ensure parity of mental health care between prisoners and individuals living in the wider community, and a tangible performance measure created accordingly.

PA7.8 (ii): we would like to see listed specific actions required to 'improve access to services that can support MHTRs...', and a tangible performance measure created accordingly. Support for the mental health and wellbeing of women offenders should be provided through women's centres, and this should be included as a key action and tangible performance measure.

PA7.8 (iii): we have noted that an evaluation of criminal justice liaison services (CJLSs) is imminent (January 2016), which will help to inform tangible performance measures for CJLSs. We would like to see tangible performance measures that

demonstrate improvements in 'the quality of the current delivery of the criminal justice liaison services', including, for example, health and social care screening and, where necessary, assessment; clear thresholds and referral routes to services; timeframes for individuals being seen following a referral; women specific provision, where appropriate; and support for families, especially where children are involved.

PA8.1: 'Through the gate' services are important for individuals as they prepare to leave prison. The need for safe accommodation, GP registration and timely access to mental health services is especially important for prisoners with current or past mental problems, and for prisoners with learning disabilities, autism and/or substance misuse problems, in particular.

PA9 and 10: the prison population is aging; Wales as a 'dementia friendly nation' should include prisons and prisoners. Arrangements should be made with individual prisons in Wales to prevent/address older prisoners' loneliness and isolation, and personalised plans should be developed.

Question 4 - The introduction to the delivery plan provides information on the prudent health and care agenda. Do you think we should include any other actions in the delivery plan around the prudent agenda and how this is rolled out across Wales in terms of best practice?

The principles of Prudent Health and Care provide a useful framework within which needs are identified and services delivered. It is long established and well evidenced that offenders, and prisoners in particular, have some of the greatest physical and mental health needs in society - and this is especially so for women offenders and prisoners. While health care for prisoners has undoubtedly improved, parity of treatment and care between prisoners and individuals in the wider community remains challenging. Including specific actions in the delivery plan that remind services and individuals providing a service of their responsibilities towards individuals with the greatest health needs, regardless of their particular circumstances (and including individuals in the community who are deemed 'hard to reach'), would help to ensure that those in most need receive the necessary treatment and care.

Question 5 - Do you think the actions will provide a positive impact of the proposals for people with the following protected characteristics:

- **Disability**
- **Race**
- **Gender and gender reassignment**
- **Age**
- **Religion and belief and non-belief**
- **Sexual orientation**
- **Human rights**
- **Children and young people**

We are pleased to note that children and older people have been identified as two groups that need particular attention and service provision. We would argue that specific services for women are required to deal with their particular needs. This is especially so for mothers, whether single or in a relationship, where wider family

support is limited and/or inappropriate, and where domestic abuse is suspected/known about. PAs 1 and 2 support women as parents of children with needs; this action would support women with needs, which in turn, has the potential to support families and children, in particular.

Question 7, additional comments: we have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use the space below to comment:

PA5: this is an important area. To ensure all people with mental health problems, their families and carers are treated with dignity and respect, the particular needs and challenges for individuals living in closed communities such as prisons should be highlighted; key actions and tangible performance measures should be included throughout this priority area. Families and carers can support an individual's recovery from mental ill health - and help to reduce reoffending. Family members' contact with and involvement in the care of their relative, where appropriate, should be fostered and supported, perhaps especially when he or she is in prison.

PA5.1 (ii): safeguarding for vulnerable prisoners is especially important and this should be included in standards for training.

PA5.4(ii): this should include guidance for carers in prison.