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INSTITUTE FOR CRIMINAL POLICY RESEARCH

AN ASSESSMENT OF THE HEALTH NEEDS OF PRISONERS IN HMP FORD - FINAL REPORT

ICPR
Institute for Criminal Policy Research

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Introduction

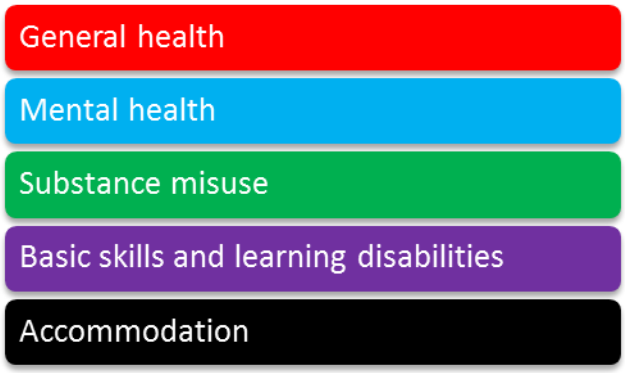
The commission

NHS West Sussex and West Sussex County Council commissioned the Institute of Criminal Policy Research (ICPR) to undertake an assessment of the health needs of offenders in West Sussex.

As part of this study, the commissioners required a health needs assessment of HMP Ford. Ford Prison is the only custodial establishment in West Sussex and only a small proportion[1] of its inmates are normally resident in the county. However, West Sussex Primary Care Trust (PCT) is responsible for delivering healthcare in the prison and, therefore, a separate needs assessment was undertaken for this institution.

This report is a standalone document which focuses solely on the health needs assessment undertaken at HMP Ford.

The study was asked to consider five specific areas of need:



The fieldwork for this study was carried out between May and September 2010.

[1] The prison was not able to provide up-to-date information but in 2008 6% of Ford population was resident in West Sussex prior to reception.

Organisation of the report

This report is organised in a straightforward manner. Chapter One describes the methods used in the course of the study. Chapter Two provides a demographic profile of the prisoner population in HMP Ford. Chapters Three through Seven present our findings relating to prisoner needs, provision and gaps in that provision for the five key areas of physical health, mental health, substance misuse, basic skills and housing respectively. Chapter Eight presents our conclusions and recommendations.

Chapter 1: Methodology

Overview

This chapter sets out the four principal methods used in this study and discusses each in turn.

Desktop Research

The scope of the review was confined to the UK, with an emphasis on England, given the different criminal justice systems in Scotland and Northern Ireland and different commissioning arrangements for drug and alcohol provision in Wales.

In addition to searching journals for published research on offender health, we utilised a range of approaches including the following key sources:

- Academic library holdings
- Policy and practice guidance documents
- Health observatories
- Criminal justice websites
- Substance misuse, mental health, basic skills and homelessness websites
- Key contact will be asked to uncover unpublished documents on the subject
- Internet searches

Although the full literature review is not included in this report, key texts from the review are included in the introduction to each chapter.

Analysis of data

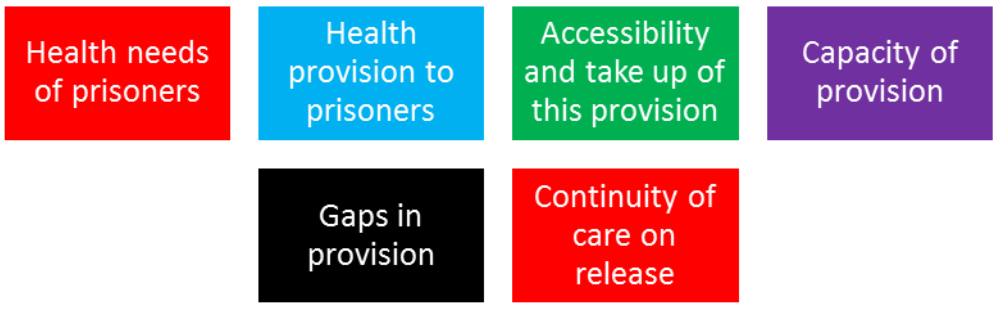
HMP Ford provided us with basic information about the prisoner population. We received more detailed information from the healthcare team who provided data on the number of healthcare and dentistry appointments and the type of medication prescribed in the most recent 12 month period. Harmoni, who provide out of hours healthcare cover, were also approached and provided us with the number and reasons for call-outs.

HMP Ford's Counselling Assessment Referral Advice and Throughcare (CARAT) team provided information on caseload numbers of those prisoners with drug and/or alcohol problems that they had seen during the most recent 12 month period.

The education department provided yearly information about basis skills provision and assessments for dyslexia.

The views of stakeholders

We undertook individual interviews with ten key individuals at HMP Ford, seven of whom we interviewed face-to-face and the remaining three by telephone.



Another twenty individual interviews were undertaken for the overall health needs assessment of offenders and many of these interviewees expressed views on the health needs of prisoners generally and the provision in Ford in particular.

In addition, we convened three special interest focus looking at the substance misuse, mental health and accommodation needs of offenders. The focus group questions were aligned with those asked in individual interviews. A total of 18 interviewees attended these three focus groups.

Prisoner interviews

Finally, we undertook a focus group with six prisoners which considered their access to healthcare provision at HMP Ford and their views on the quality of that provision. Prisoners were selected by prison staff on the basis that they had been serving at Ford for at least six months and were not engaged in other work activities at the time of the group.

Chapter 2: Profile of prisoners at HMP Ford

Introduction

HMP Ford is a category D open prison with an emphasis on resettlement. Originally, a Fleet Air Arm station, it was converted to an open prison in 1960 and has been expanded over the last 50 years. Ford takes male adult prisoners (aged 21 years and older). The prison's operational capacity is 557 inmates. The prison takes inmates from all over the country, although the majority of prisoners live in London and the South-East before their sentence.

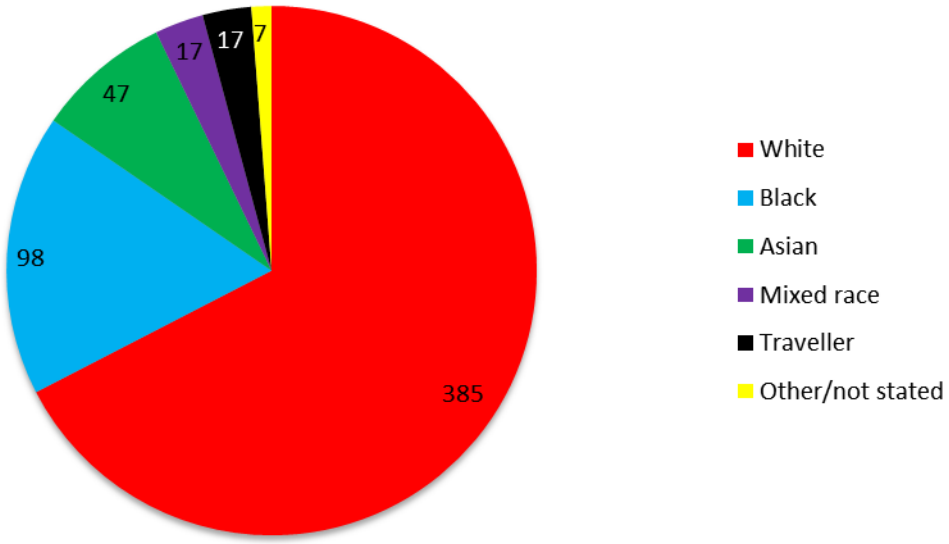
Owing to the fact that HMP Ford is one of only six English prisons which houses male prisoners in open conditions, the profile of its population is atypical. Prisoners housed in open conditions are low security risk, because they have very few previous convictions, have been convicted of ***white-collar*** crimes or are at the end of prison sentences and are ready to be resettled into the community. Supervision is less rigorous than in closed prisons and many prisoners go out to work in the community, returning to the prison of their own volition at the end of the work day. Many prisoners, depending on the outcomes of risk assessments, are permitted to attend health appointments, job interviews etc. in the community without escort. They may also be entitled to home leave several times per year in order to improve their prospect of reintegration into the community on release. However, prisoners are not allowed to come and go at will and are required to comply with the prison regime at all times – when not actively engaged in employment or a health appointment, prisoners are on site at all times.

In the one year period from 1 July 2009 to 30 June 2010, 1401 new prisoners were admitted to HMP Ford, an average of 117 per month.

Demographic Profile

HMP Ford was unable to provide information on this cohort of 1401 but did give information about the ethnic breakdown of the 571 prisoners recorded as being at the prison on 1 July 2010. Exactly three fifths (60%) of Ford's population on this date were recorded as White British. Further detail is provided in **figure 1** below:

Figure 1 Ethnicity of HMP Ford prisoners on 1 July 2010 (n = 571)



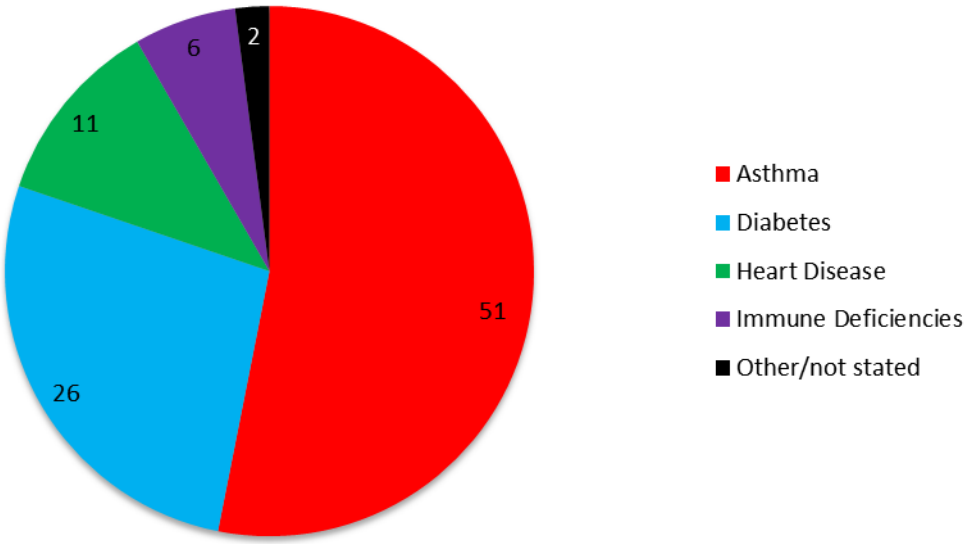
Just over one in six prisoners (17%) were Black and almost one in twelve (7%) were Asian on this date.

HMP Ford was not able to provide a breakdown of the age of prisoners although the prison did provide information to say that on 20 July 2010, there were 87 prisoners aged 50 years or older, nearly one in six (16%) of the population. Interviewees noted that there was a growing proportion of older prisoners at HMP Ford; this was reported to be a national trend[2] attributed to the increasing use of individuals sentenced to indeterminate sentences.

[2] According to the Prison Reform Trust, the number of sentenced prisoners aged over 60 in England and Wales rose by 169% between 1995 and 2005 http://www.prisonreformtrust.org.uk/subsection.asp?id=273 A thematic inspection report on older prisoners reported that the proportion of the male sentenced prison population aged over 60 years rose from 2.6% in 2002 to 2.9% in 2007 and the proportion of the female sentenced prison population aged over 50 years rose from 4.7% in 2002 to 7.3% in 2007. HMIP (2008) Older prisoners in England and Wales: a follow-up to the 2004 thematic review by HM Chief Inspector of Prisons, HMIP: London.

Ford Prison was not able to provide information on the number of prisoners with disabilities although the Healthcare Centre were caring for 96 individuals with long term conditions, detailed in **Figure 2**.

Figure 2: Long term conditions managed by Ford Healthcare Centre 1 July 2010



Length of stay

HMP Ford was unable to provide up-to-date information about the length of stay for prisoners. However, 2008 data provided by the prison for the draft needs assessment conducted on substance misuse treatment[3] showed that 88% of inmates had been sentenced to custodial terms of 12 months or longer and that 77% inmates had spent one year or more at HMP Ford.

[3] Hewitt (2010) Substance Misuse Treatment in Ford, draft report. Unpublished.

Figure 3 Length of stay at HMP Ford 2008 (n = 535 inmates)

Length of stay	# prisoners	Percentage
Less than 1 month	3	0.6
1 month to 3 months	28	5.2
3 months to 6 months	35	6.5
6 months to 1 year	55	10.3
1 year to 2 years	115	21.5
2 years to 4 years	231	43
4 years or more	68	12.7
Total	**535**	**99.8**

If this profile of length of stay persists in 2010, it has significant importance for health care provision. Despite an annual turnover of 1400 admissions, at any one time 400 prisoners have been resident at Ford for over 12 months. Therefore, it is reasonable and effective to plan longer term health interventions for this group of prisoners.

Chapter 3: Physical health

Introduction

In exploring the physical health needs of offenders, a Social Exclusion Unit report[4] estimated that around half of prisoners were not registered with a GP prior to entering custody. Rodriguez and colleagues[5] (2006) conducted a comparative analysis of the service demands of offender and non-offender populations. The findings revealed that overall, offenders make demands on a wide range of services; in particular drugs and alcohol services (23%). In addition, a higher proportion of offenders (32%) and frequent offenders (42%) used Accident and Emergency services; when compared with the non-offender (10%) population.

It is also widely acknowledged that the experience of imprisonment itself can have a deleterious effect on offenders. Practically, imprisonment frequently results in the loss of employment and/or accommodation. Emotionally, it places relationships with partners, children and parents under pressure. There is consensus from the evidence base that although incarceration can bring benefits for prisoners' physical health (particularly in terms of removal from drugs and alcohol, access to healthcare and adequate nutrition), it typically has a negative impact on mental health[6].

Service provided

West Sussex PCT provides the healthcare service in HMP Ford. The contract for this service is non-specific and the format (as well as outputs and outcomes) of the health care service is not defined. In effect, the service operates like a nurse-led general practice.

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[4] Social Exclusion Unit (SEU) (2002) Reducing re-offending by ex-prisoners, London: ODPM

[5] Rodriguez, J., Keene, J. and Li, X. (2006) 'The substantial service demands of offenders and frequent offenders', European Journal of Criminology, 3:149

[6] Williamson, M. (2006) Improving the health and social outcomes of people recently released from prisons in the UK: a perspective from primary care. London: Sainsbury Centre for Mental Health.

The healthcare team consists of:

- Head of health care
- Clinical lead
- Four full time general nurses (2 x band 6, 2 x band 5)
- One full time RMN (band 6)
- Two part-time GPs (0.7 full time equivalent)
- Two full time administrators (1 band 3, 1 band 2)

In addition, a dentist (plus dental nurse) attends one day per week; a sexual health service is provided once a fortnight and a podiatrist and optician hold monthly sessions.

The healthcare service is staffed Monday – Friday 8.00 a.m. – 6.30 p.m. with out of hours service provided by Harmoni.

In considering this complement of staff, it is important to acknowledge that in addition to their main healthcare duties, the team are required to undertake a considerable number of tasks to aid in the administration of the prison. These include: assessing whether prisoners are fit for work or for home discharge, organising transport and licence conditions for hospital appointments. Administrative staff estimate that at least one third of their working time is spent completing paperwork relating to prison requirements.

Prisoners are seen by a nurse on reception into the prison and, again two-three days later, when they are told about the range of healthcare services available at Ford. At this time they are also given information about blood borne viruses and all prisoners aged under 25 years are asked if they want to be tested for chlamydia.

The healthcare service is by appointment only, prisoners can either request an appointment themselves or prison discipline staff, or those supervising prisoners at work, make a referral. Generally prisoners are seen the same day or within 24 hours – the average waiting time to see a GP or general nurse in the most recent[7] 12 month period was one day.

[7] 1 July 2009 to 30 June 2010

All patients are initially seen by a nurse and the service operates as a standard GP practice with the full range of primary care services offered with access to secondary services in the community as required.

One nurse provides a service in managing the healthcare needs of prisoners with long term conditions.

The healthcare service provides hepatitis B and influenza vaccinations and a smoking cessation service including advice and patches. Prisoners are considered eligible for the smoking cessation service if they are expected to serve sufficient time at Ford to be able to complete the programme.

The service provides condoms to prisoners on request[8]; this service is particularly targeted at prisoners who are going on home leave.

The healthcare services also provides minor First Aid, applying steri-strips but not sutures or stitches. When required, prisoners attend minor injuries clinics or Accident and Emergency departments in the community.

Interventions

The Healthcare Service provided detailed information on its core workload for the 12 month period from 1 July 2009 to 30 June 2010 which is set out in **figure 4**.

Figure 4 General Health Appointments provided July 2009- June 2010

Intervention	Number
New Reception Healthscreens	1368
GP & General Nurses	10,605
Dentist	983
Sexual Health	204
Optician	258
Podiatrist	94
Total	**13,512**

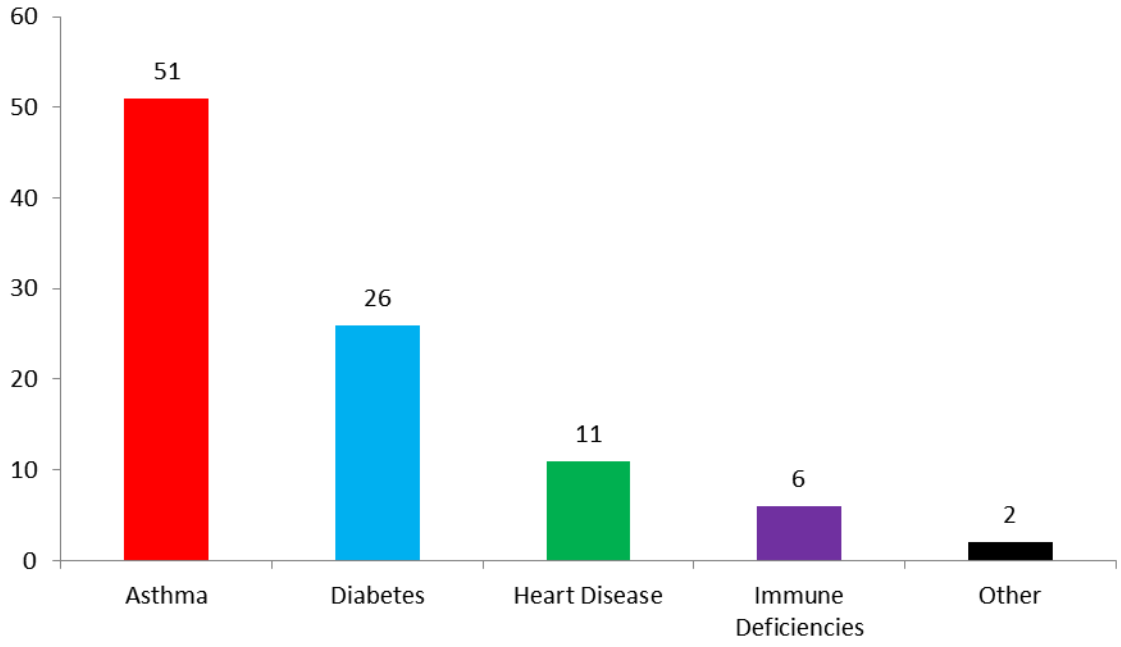
In addition, the service organised 958 outside hospital appointments.

[8] The number of condoms distributed is not recorded.

All new prisoners are asked whether they have received Hepatitis B vaccination on reception and are offered a course of vaccinations if appropriate. A total of 734 Hepatitis B vaccinations were provided in the same 12 month period.

As noted in the previous chapter, the Healthcare Team managed 96 prisoners with long term conditions at the time of this study; further details are provided in **Figure 5** The Healthcare Team was about to start an expert patient programme – a series of 6 x 2 ½ hour sessions on how patients can manage their own long term condition.

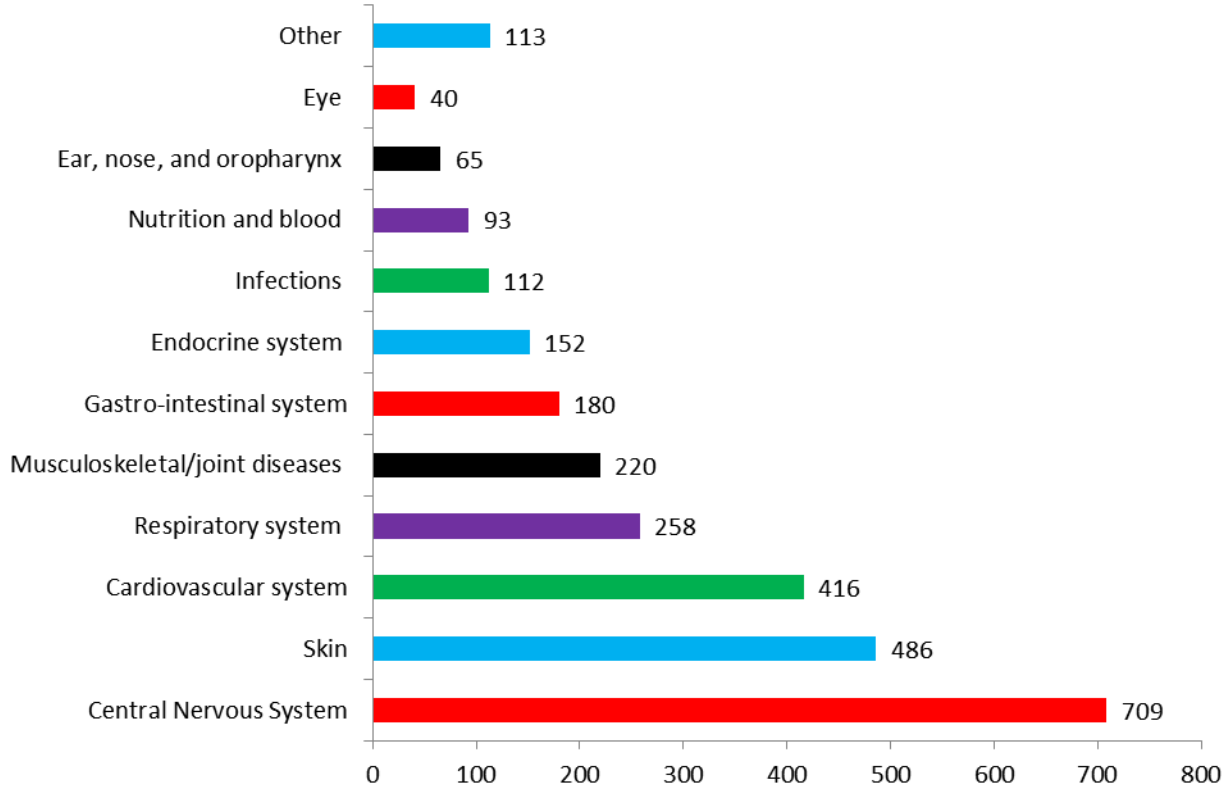
Figure 5 Prisoners with long term conditions at HMP Ford on 1 July 2010



Harmoni provided information on the out of hours call outs they made to Ford Prison in the financial year 2009/10. The organisation made a total of 153 call outs (ranging from two to eighteen per month). There was no common reasons for these call outs with 66 different clinical codes recorded. The top three reasons were ***request for medication*** (12), ***abdominal pain*** (10), and ***unspecified backache*** (6). Medication was prescribed on just eight call outs.

The Healthcare Service also provided a breakdown of the medications prescribed by British National Formulary category. Data were provided for the last three months available – February – April 2010 – and are set out in **Figure 6** below:

Figure 6 Prescriptions by BNF Category February – April 2010 (n = 2850)



Prisoner views

The six prisoners interviewed for this study all reported that access to the healthcare team was straightforward and prompt with an appointment typically made within one or two days of putting a slip in the application box on their wing. Two prisoners said that they felt some reticence in putting any personal medical information on the slip (indicating the reason they wished to see a doctor) in case it was read by prison staff.

All prisoners described the medical service provided as very good and equivalent to that which they had experienced from GPs in the community.

Two interviewees felt that out-of-hours cover was inadequate, expressing the view that there should be on-site provision. A senior member of the healthcare team expressed the view that it was sometimes difficult to get the on-call service to come out. Another prisoner interviewee stated that access to outside hospitals was slow, although he attributed delays to prison procedures rather than healthcare staff. The process of undertaking risk assessments inserts another stage in the process which

necessarily increases the delay between referral and actual access to secondary care.

Prisoner interviewees stated that access to the dentist often took one-two months but that it was then possible to have a full course of treatment. Interviewees reported that they had often neglected their dental health in the community and had found it difficult to register with NHS dentists so the opportunity to get their teeth in order was greatly appreciated.

Prisoner interviewees generally made critical comments about the quality and range of food available, particularly the lack of healthy options with the exception of salad foodstuffs. They also expressed regret that access to the gym had been reduced to two slots per week per prisoner. One interviewee stated that there had been ***'an outbreak of norovirus in about April'***.

Gaps in provision

Healthcare staff, other prison staff and prisoners themselves were generally very satisfied with the quality of general health care provision at HMP Ford. Healthcare staff expressed the desire to provide a more proactive service, doing more health promotion work in particular. The team would like to work more with other prison departments particularly the kitchen and gym to help manage diabetes and prevent coronary health disease and strokes. The team is currently exploring the introduction of health checks with NHS West Sussex for cardiovascular diseases.

It was also noted that there were a large number of prisoners with chronic back pain who would benefit from Pilates and/or stretching classes that could be run in the prison gym. Similarly, the dentist felt that there was considerable need for oral health promotion and access to a dental hygienist.

It was generally felt that access to secondary services in the community was good with the exception of physiotherapy services. This was felt to be a particular need in Ford with a high incidence of prisoner with musculoskeletal problems as a result of road traffic accidents, beatings and gunshot wounds.

Chapter 4: Mental Health

Introduction

Mental health services at HMP Ford are essentially provided by the Registered Mental Nurse (RMN) who is part of the Healthcare team. Owing to its open conditions and relatively low levels of supervision, Ford Prison does not knowingly accept many prisoners with severe and enduring mental health problems unless these conditions have been stabilised by treatment and medication during the earlier part of their sentence.

Nevertheless, the Prison inevitably cares for a large number of prisoners with mental health problems – nationally 72% of male sentenced prisoners have two or more mental health disorders[9].

In interview, the RMN reported a wide range of problems typically including substantial numbers of prisoners with a dual diagnosis of substance misuse and a mental health problem and those on the spectrum of conditions including Attention Deficit Hyperactivity Disorder, Autism and Asperger syndrome.

The service provided

The RMN provides one-to-one advice and support to prisoners who access the service in the same way as general healthcare – by making an application or being referred by other members of staff.

A significant proportion of the mental health service provided is concerned with managing risk. If a prisoner is assessed as being at risk of self-harm there is a protocol for involving support and supervision from other prison staff. Interviewees reported that the prison had developed an increasingly effective co-ordinated response to this situation over recent years. However, if there are major concerns about a prisoner's mental health, it is likely that they will be transferred to another prison under closed conditions where closer supervision is available. Prisoners are

[9] Paul Goggins, minister for prisons and probation speaking in a debate on prisons and mental health, Hansard, 17 March 2004 cited in Bromley Briefings: Prison Factfile, November 2009, Prison Reform Trust.

aware of this response and it provides a disincentive for them to disclose serious problems as almost all prisoners would prefer to serve their sentence in open conditions.

Interviewees reported an historical difficulty in accessing a range of secondary mental health services in general, and CMHTs in particular. This situation has also made access to forensic services rare since the gateway to these services is typically via secondary mental health provision.

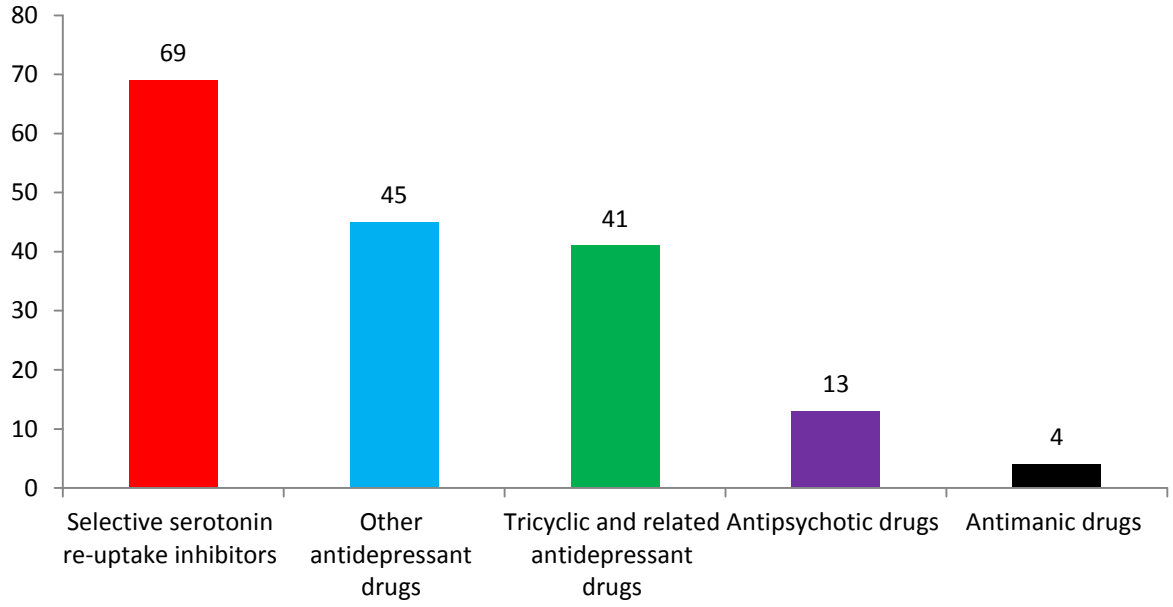
There was also a frequent reported difficulty in linking discharged prisoners with CMHTS in their home area. In some cases, the difficulty is exacerbated as referral is required to be via a GP and many prisoners are not registered. The RMN is able to make successful referrals in some geographical areas, occasionally choosing to refer direct to third sector providers such as MIND or Rethink.

The Healthcare team have good links with a psycho-sexual health counsellor and both Cruse and Relate provide services to the prison population.

Interventions

In the year from 1 July 2009, 1391 mental health appointments were provided with an average waiting time of eight working days. A total of 172 prescriptions for mental health conditions were made in the three month period from February to April 2010 as detailed in **figure 7**.

Figure 7 Prescriptions by BNF Category February – April 2010 (n = 172)

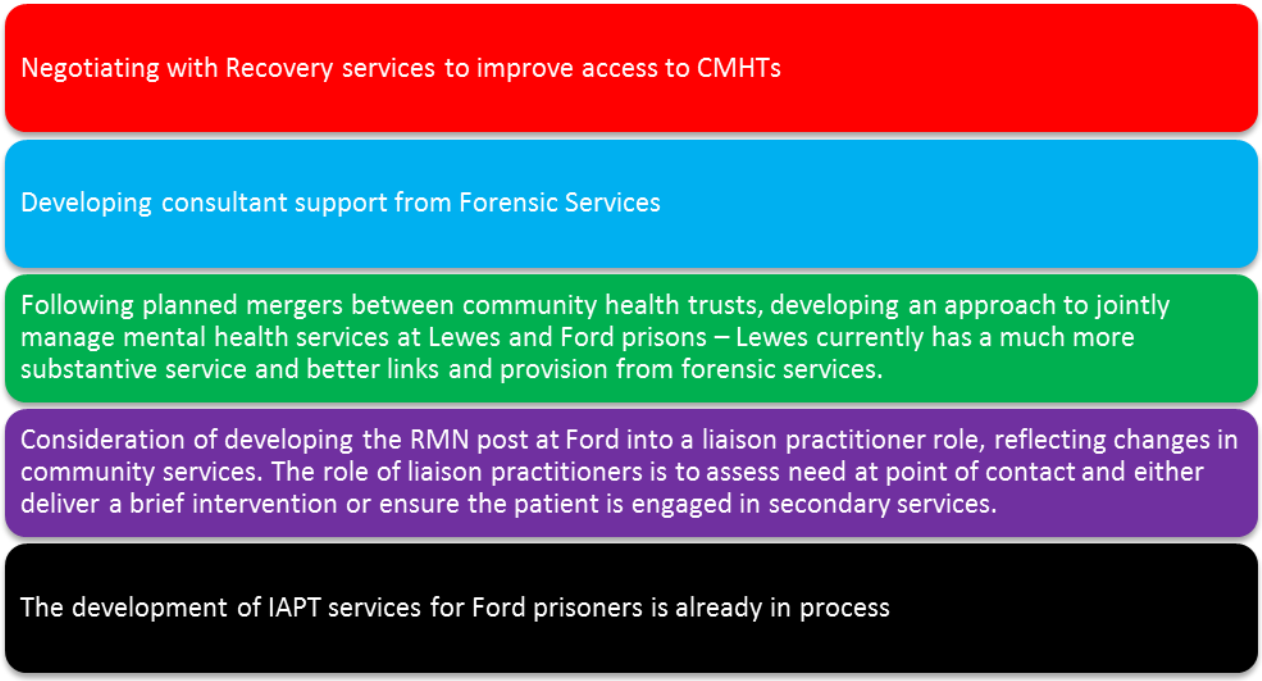


It can be seen that 90% prescriptions were made for depressive conditions.

Gaps in provision

Commissioners and providers are aware of the limitations of the mental health service provided at Ford and have identified prisoners with substance misuse and mental health problems (***dual diagnosis cases***) and those on the ADHD spectrum as being in particular need.

There are a number of current developments in process aimed at improving the quality of service including:



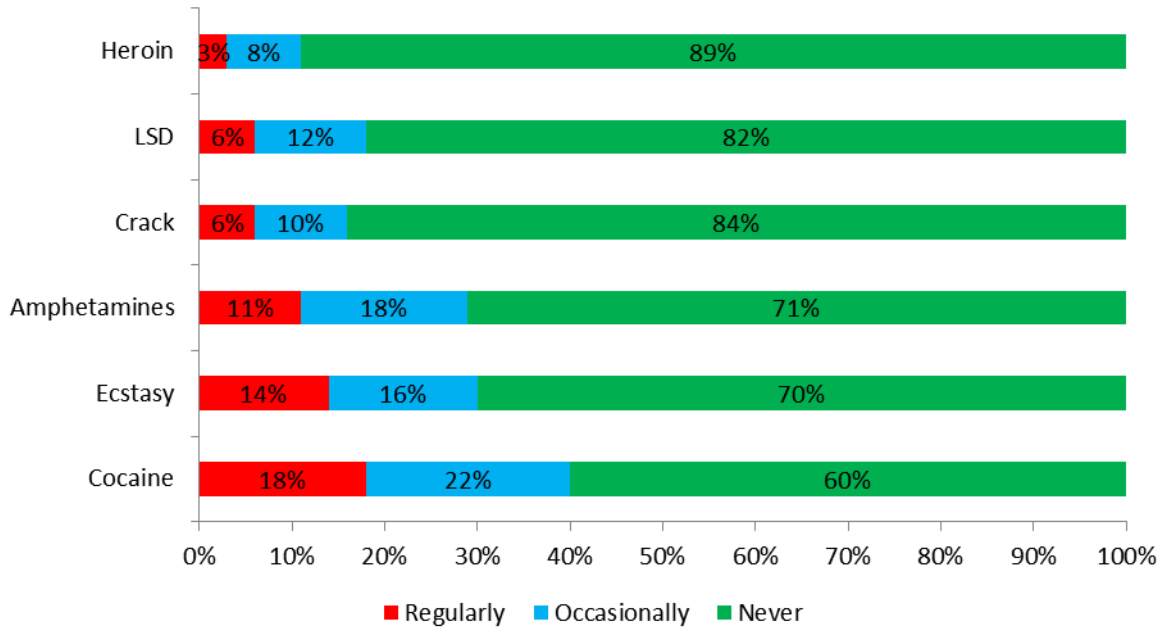
Chapter 5: Substance Misuse

Introduction

There is an established association between Class A drug use (specifically heroin and crack cocaine) and offending. Therefore it is unsurprising that prisoners have higher rates of drug use than in the general population[10]. Research evidence[11] indicates that over half of those received into custody are problematic drug users.

West Sussex Public Health Observatory conducted a lifestyle behaviours study[12] in August 2007 at HMP Ford using a prisoner questionnaire which was completed by 140 inmates (31% of the population at that date). **Figure 8** shows the use of illegal drugs by this cohort

Figure 8 Use of drugs Lifestyle Behaviour Study 2007 (n= 140)



[10] Stewart, D. (2008) 'Drug use and perceived treatment need among newly sentenced prisoners in England and Wales', *Addiction*, 104, 243-247

[11] Home Office FOI Release 4631, 6 Dec 2006 referenced in Prison Reform Trust, 2009: 44

[12] West Sussex Public Health Observatory (2009) A study of the lifestyle behaviours of inmates at HMP Ford, Arundel. West Sussex PCT & West Sussex Public Health Observatory.

The most commonly used illegal drug was cannabis with lifetime use reported by 48% of this cohort. Almost half of those who reported using cannabis (31 out of 64) stated that they had stopped using, with 17 describing themselves as regular users and 16 as occasional users. The pattern of use at HMP Ford is different to that of the general prison population with much lower rates of heroin and crack cocaine use. The prisoner criminality survey in 2000[13] found that 31% prisoners had used heroin in the year prior to reception in prison (compared to 11% of Ford prisoners), The same proportion had used crack cocaine compared to 16% of Ford prisoners.

The Ford Lifestyle Behaviour study found that 39% inmates surveyed reported that they regularly drank alcohol before entering prison and 22% stated that they drank with the intention to get drunk (the definition of binge drinking used by the research team) regularly. This compares with a recent study[14] describing the problems and needs of 1,457 prisoners before the start of their sentence which indicated that 36 per cent could be classified as heavy drinkers (defined as consuming more than twice the recommended sensible daily drinking limits –four units for men – at least once per week).

Finally, the lifestyle study found that 66% of the same cohort reported smoking at sometimes in their life and almost half (47%) were current smokers at the time of the survey. Over three quarters (78%) of the smokers stated that they would like to give up.

Service provided

The Crime Reduction Initiative (CRI) provides Ford's Counselling Assessment Referral Advice and Throughcare (CARAT) service for drug users. The CARAT team consists of a manager and two workers. The team provides one-to-one work and 12 groupwork sessions per quarter. One-to-one work consists of information, advice, support and psycho-social counselling. Groupwork sessions include harm minimisation, relapse prevention, healthy living and relaxation. The CARAT team

[13] McSweeney, T. Turnbull, P.J. and Hough, M. (2008) The treatment and supervision of drug-dependent offenders: A review of the literature prepared for the UK Drug Policy Commission. London: UK Drug Policy Commission.

[14] Stewart (2008) The problems and needs of newly sentence prisoners: results from a national survey. Ministry of Justice Research Services 16/08. London: Ministry of Justice

has developed a service user group of prisoners who influence the form of provision, particularly around decisions on what groupwork sessions to run.

Contractually, prisoners should be illegal drug users to be eligible for the CARAT service although the team responds to requests for support from alcohol users.

Alcoholics Anonymous (AA), Narcotics Anonymous (NA) and Gamblers Anonymous (GA) all run self-help groups at Ford. At the time of this study, NA were not running a group so the CARAT team has supported prisoners to run their own self-help group.

Ford Prison is due to receive annual funding of £235,260 to establish a local Integrated Drug Treatment Service and a needs assessment has recently been conducted[15]. However, at the current time there is no substitute prescribing of methadone or any other substances and no needle exchange.

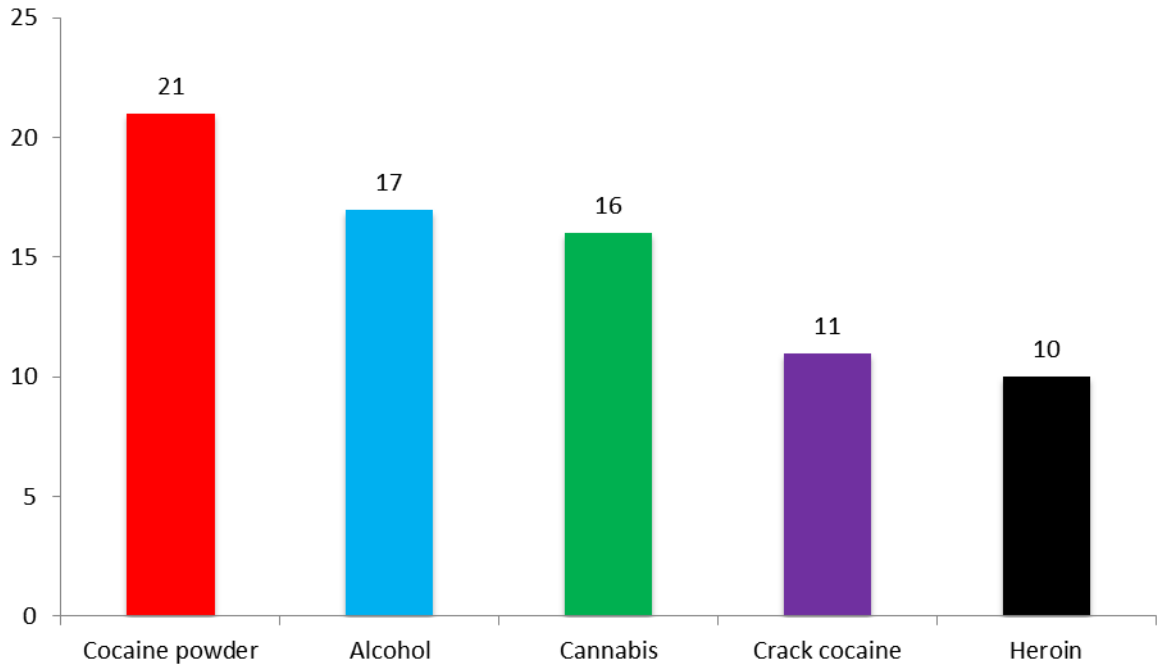
The Healthcare team provides smoking cessation advice and nicotine patches.

Interventions

The CARAT team provided a service to 203 prisoners in the 12 month period from 1 July 2009, delivering a total of 359 individual and 58 groupwork sessions. At the time of this study, there were 89 active cases. Data were made available to the IDTS needs assessment on the primary substance of use of the 75 prisoners on the CARAT caseload on 23rd April 2010. **Figure 9** provides details.

[15] Hewitt (2010) Substance Misuse Treatment in Ford, final report. HMP Ford.

Figure 9 Primary substance of choice of CARAT caseload (n=75)



These data confirm the view of the CARAT team manager that most prisoners on the caseload are cocaine powder and/or alcohol users.

The Healthcare team succeeded in signing up 118 patients to their smoking cessation programme. They were able to follow up 63 of these individuals of whom almost three quarters (46) succeeded in stopping smoking.

Gaps in provision

All interviewees indicated that they thought alcohol misuse was a more common problem for Ford inmates than drugs. There was, consequently, some disappointment that the CARAT team was not able to see primary alcohol users. However, it is understood that the next round of CARAT contracts will remove this restriction and require teams to provide a service to both drug and alcohol misusing prisoners.

The national Drugs Intervention Programme (DIP) was felt by interviewees to run well and the CARAT team were able to organise aftercare in the community for released drug using prisoners, using local DIP teams and their Single Point of Contact. It was harder to organise aftercare for those released with alcohol problems although some form of referral to a community treatment service could

normally be organised by locating services via the Internet. Links with probation teams were reported to be limited.

Drug treatment capacity at Ford prison will increase when the new IDTS service comes online. However, it should be appreciated that the implementation of this service will result in Ford admitting a greater number of inmates with an active drug misuse problem. Currently the prison does not accept inmates with acknowledged recent substance misuse problems because it does not have appropriate treatment services. The CARAT team would like to increase the amount of health promotion work it is able to do and provide services to a larger number of prisoners, particularly those who are primary alcohol users.

Chapter 6: Basic skills and learning disabilities

Introduction

Considerable concern has been expressed about prisoners' lack of basic literacy and numeracy skills. A seminal 2002 report by the Social Exclusion Unit[16] found that eighty per cent of prisoners have the writing skills, sixty-five per cent the numeracy skills and half the reading skills equivalent or below the level of an 11-year old child.

Significant investment was made to address this issue including the creation of the Offenders' Learning and Skills Unit (OSLU) which has overseen over 150,000 basic skills qualifications achieved by prisoners since April 2002. However, in recent years this funding has been reduced.

Research conducted in three English prisons[17] found that 6.7% of the prison population was assessed as learning disabled and 25.4% as borderline learning disabled – four times the rate of the general population. A Prison Reform Trust review of the literature[18] on this subject found that:

'the general agreement in prison-based studies is a rate of about 30% dyslexia though rates of serious deficits in literacy and numeracy in general reach up to 60%'

Service provided

Manchester College has recently taken over the delivery of education services for Ford prison. A wide range of employment, education and training courses are available to prisoners at Ford including Community Service and work placements in the community and work in the prison's own horticulture, kitchens and other settings. Prisoners can opt to undertake basic skills such as literacy and numeracy

[16] The Social Exclusion Unit (SEU) (2002) Reducing re-offending by ex-prisoners, London: ODPM

[17] Mottram, P.G. (2007) HMP Liverpool, Styal and Hindley Study Report. University of Liverpool

[18] Loucks (2007) The prevalence and associated needs of offenders with learning difficulties and learning disabilities. London: Prison Reform Trust.

as a full time education option. The prison also used to have Skills for Life ***pods*** in a number of work areas so that prisoners could access basic skills in addition to a vocational qualification. However, recent changes mean that there is now only one such pod.

The capacity of the education department to deliver basic skills work is increased by a peer support scheme. Interested prisoners gain a qualification in City and Guilds Level 2 Adult Learning Support and then work alongside tutors to provide individual support to other prisoners learning basic skills. There are typically between 10 and 18 peer educators at any one time.

From 1 August 2010, the post of special needs co-coordinator ceased to exist at HMP Ford with the result that no assessments of special learning needs are now carried out.

Interventions

In the financial year 2009/10, prisoners started 263 adult literacy and 218 adult numeracy courses. 138 prisoners completed their literacy course with 89 achieving a qualification. 109 prisoners completed a numeracy course with 70 passing.

In the 12 month period from 1 August 2009 to 31 July 2010, 79 prisoners were screened for dyslexia with 37 being assessed as having the condition.

Gaps in provision

Ford Prison is able to provide a substantial amount of basic skills teaching in literacy and numeracy but lacks the capacity to provide any specialist input to identify or support those prisoners with learning disabilities or difficulties.

Chapter 7: Accommodation

Introduction

A recent Home Office study[19] found that thirty per cent (30%) of offenders released from prison have nowhere to live. Research evidence shows that prisoners receive limited housing advice whilst in prison. According to a study by the House of Commons Home Affairs Committee[20], only a limited number (19%) of prisoners received advice on housing issues. Unsurprisingly, there is strong evidence to support the fact that released prisoners without stable accommodation are at a high risk of re-offending[21].

Service provided

HMP Ford has a full time housing advice worker who works with prisoners to try to organise secure accommodation on their release. Prisoners are informed at induction about the service and can make an application to see the housing advice worker at any time in their sentence. The service sees approximately 30 prisoners per month.

At interview, the worker states that a substantial part of the work is aimed at retaining prisoners' accommodation, working to address housing benefit and mortgage arrears so that prisoners can return to the same accommodation on release. A family reconciliation service is also provided when there are opportunities for prisoners to return to live with parents or other family members. The worker stated that it is much harder to organise accommodation for those who entered prison without stable housing. Finding accommodation for younger (21-45 year old) prisoners without special needs is particularly challenging.

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[19] Niven, S. and Stewart, D. (2005) Resettlement outcomes on release from prison, Home Office Findings 248, London: Home Office referenced in Bromley Briefings, November 2009.

[20] House of Commons Home Affairs Committee, Rehabilitation of Prisoners, First Report of Session 2004-2005, Volume 1 and 2 referenced in Bromley Briefings, November 2009: 47.

[21] The Social Exclusion Unit (SEU) (2002) Reducing re-offending by ex-prisoners, London: ODPM

The housing advice service keeps its own monitoring information and stated that 97.5% prisoners have an address to live at on release.

Gaps

The prisoners interviewed held a different view from the housing advice worker, stating that it was almost impossible to find accommodation unless you had a drug and alcohol problem or a severe disability. They felt that the help offered by the prison was very limited and that although hostel accommodation could sometimes be found, they were very reluctant to take up such housing as in their opinion most other residents would be dependent drug users. Interviewees attending the specialist accommodation focus group held similar views, stating that accommodation was only main available for high risk offenders subject to Multi-Agency Public Protection Arrangements (MAPPA) proceedings or those with substance misuse problems who wished to become abstinent.

Chapter 8: Conclusions and Recommendations

Introduction

There was a consensus amongst all interviewees that the general capacity, range and quality of healthcare provided at HMP Ford has increased steadily over recent years. There was some concern expressed that the provision is not underpinned by a clear strategic framework and contract which specifies outputs and outcomes.

It appears that many prisoners at Ford may have better access to healthcare in custody than they do in the community, particularly for the unknown number[22] of inmates who are not registered with a GP. The nurse-led GP service is an appropriate model which provides an effective gateway to secondary general health services which is of critical importance since many offenders neglect their health needs in the community.

Provision for the other four key areas of need (mental health, substance misuse, basic skills and learning difficulties, and accommodation) was more varied and is dealt with under the specific headings below.

Physical health

Provision is of high quality and easily accessible. It could be further improved by paying attention to the following recommendations:

It is recommended that a proper service level agreement is drawn up by the commissioners of this service in negotiation with HMP Ford with clear targets and performance indicators.

It is recommended that as part of this contract, the Healthcare team is tasked with identifying all prisoners who are not currently registered with a GP and seeking to help them register in the area where they intend to live on release.

It is recommended that the Healthcare team is asked to increase the amount of health promotion work it undertakes in line with Department of Health targets for

[22] All six prisoners who were interviewed were registered with a GP.

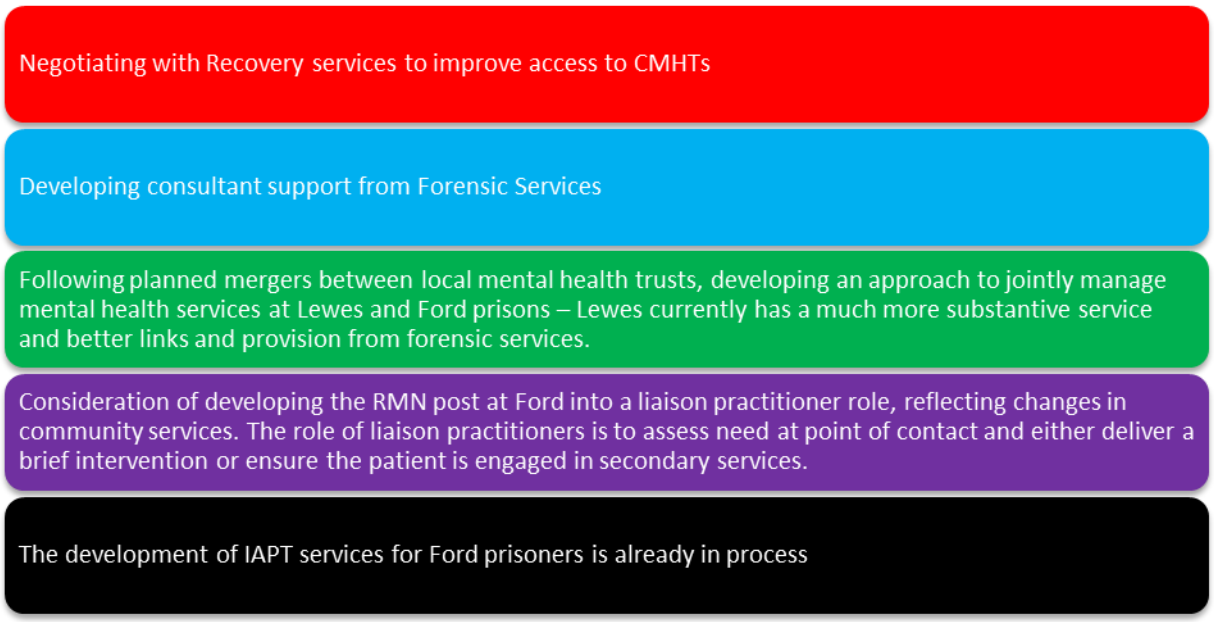
general practitioners and that it is appropriately resourced to undertake this work. It is suggested that a list of priority areas for health promotion work is agreed between the prison, healthcare team and PCT.

It is recommended that the Healthcare team is tasked with leading the development of healthy prison strategy in partnership with the prison, including in particular the catering and gym services.

Mental health

While the quality of provision in HMP Ford is good, access to secondary services is poor and is in need of prompt improvement. Commissioners and managers are aware of this issue and are actively addressing this.

It is recommended that West Sussex PCT actively supports the five key developments under consideration which are listed in Chapter four and reproduced below:



Substance Misuse

The CARAT provision at HMP Ford is regarded as of good quality and responsive to prisoners' needs, as evidenced by the service user group. However, it is

contractually required to focus on illegal drug use when there is a broad consensus amongst interviewees that the main area of need is alcohol use. The reported national change in CARAT contracts which will include the requirement to provide a service to prisoners with alcohol problems should do much to address this difficulty. It is understood that the new contracts are likely to come into effect in October 2011.

The implementation of the new Integrated Drug Treatment Service at HMP Ford is the subject of a separately commissioned needs assessment. The tendering process for this provision is not clear. However, once implemented, IDTS should result in more prisoners with current drug misuse problems being received by HMP Ford.

It is recommended that the healthcare team and CARATs team work closely with the IDTS provider, when appointed, to ensure a co-ordinated response to substance misuse.

It is recommended that the healthcare and CARAT teams work closely on health promotion issues including Blood Borne Viruses and hepatitis C in particular.

Basic skills and learning difficulties

Ford Prison has good capacity to provide basic literacy and numeracy teaching to substantial numbers of prisoners. This capacity is enhanced by the education department's use of prisoners as learning mentors.

However, it is of particular concern that there is no provision to identify prisoners with learning difficulties, let alone to provide a service to this group. This issue was identified as a significant need by several interviewees including members of the healthcare team who were also unable to provide a service to this group.

Given the substantial proportion of prisoners with learning difficulties evidenced by the literature, ***it is recommended that*** West Sussex PCT enter into discussions with HMP Ford and Sussex Partnership Foundation Trust to explore the possibilities of developing a service for this group of prisoners.

Accommodation

HMP Ford provides a well-used housing advice service which appears to be effective in helping prisoners retain accommodation when possible. The service is less effective at finding accommodation for prisoners without existing housing and with no substantial physical disability. However, there is a national shortage of accommodation for released prisoners and it appears unlikely that increasing housing advice provision within the prison will improve this situation.