

USER VOICE

ONLY OFFENDERS CAN STOP RE-OFFENDING

WHO CARES?

What people with convictions think about
care in custody

A service user response to The Department of Health's
consultation on The Care Act (2014)

September 2014

ACKNOWLEDGEMENTS

We would like to acknowledge the participation and contribution of all the service users who took part in this study.

User Voice would also like to thank the Department of Health and its staff for recognising the importance of listening to the voice of service users and for enabling us to conduct this consultation.

1. USER VOICE

1.1 User Voice exists to reduce offending by working with the most marginalised people in and around the Criminal Justice System (CJS) to ensure that practitioners and policy-makers hear their voices. This is often the first time they have been asked what they think and felt their voice has been heard and valued. Our work aims to deliver a powerful rehabilitation experience for offenders, better criminal justice services and institutions, and more effective policy.

1.2 User Voice is the fastest growing ex-offender led charity in the country. Founded in 2009, we currently have representative structures for 1 in 3 people in CJS via our highly effective prison and probation council model. We have so far engaged over 5,000 people through our projects, which also include consultations for agencies such as the Ministry of Justice, College of Social Work, Department of Health, as well as many local authorities and probation trusts.

1.3 We are experts at gaining insight into the lives and views of the most marginalised and vulnerable people in and around the CJS. User Voice is uniquely able to do this because all its work is steered and delivered by ex-offenders. Listening to service users to improve public services is not a new concept. In fact, it is now commonplace. There is now broad recognition that effective user engagement can help to improve services and their outcomes by:

- identifying their needs;
- highlighting current gaps between provision and the reality for the end user; and
- providing ideas for change.

2. CONSULTATION

2.1 This submission outlines key themes from five focus groups held in response to a request from the Department of Health to hear the views of those involved in the Criminal Justice System to The Care Act (2014).

2.2 The five focus groups were facilitated by User Voice and were attended by 34 council participants elected by their peers to represent their views, and given training and support to fulfil this role. Participants were aged between 13 and 67, from a range of ethnic backgrounds. The Community Rehabilitation Companies and Youth Offending Services involved in these focus groups include: Merseyside CRC, Northumbria CRC, Essex CRC and Southwark YOS.

2.3 As a result of these consultations several themes were identified which are presented throughout this report, under the following headings;

- Communication,
- Assessment of need & vulnerability,

- Engaging service users and;
- Financial aid.

3. COMMUNICATION

3.1 Service users were asked how information and advice about the new care system might be more easily accessed in custody and Approved Premises. Both the style and timing of this communication was discussed.

3.2 In all five focus groups, the benefits of spoken word were stressed. There was general agreement that there was an excess of information provided during induction and on arrest, which can be overwhelming. Being spoken to in person was considered to be a more effective way of communicating details of the Care Act.

"[you know] how they have this session where they talk to you about drugs and sex? ... They can also have a session where they tell us things like this

"where we can access the information from not just a leaflet on a desk stuck in a corner - told about it"

"should be part of the [induction] assessment and the information given to you verbally... told about the care act and what to expect from it"

3.3 There was a suggestion that there should be an individual member of staff in each prison explicitly trained to understand The Care Act, who would then be able to address any questions regarding its details directly with the service users.

"in every place of work the Health and safety act says there has to be a first aider and there is a sign saying who the first aider is so it wouldn't be too much of a leap to go to the police on a shift and say who is your trained officer and to identify that. And then someone is accountable. I know what you are saying about potential conflict of interest in that one copper doesn't want to interfere with the other who is mistreating this feller who has clearly identifiable care need though"

3.4 A further suggestion was to have more centrally based representatives available by telephone:

"on the back of my prison card there were free health plan [numbers] - narcotics anon - maybe there could be a number and you could chat to someone on the phone"

“wristbands/rubber bands with numbers on - with telephone numbers”

3.5 It was accepted however that spoken communication is not always an option and that written communication is also a necessity. A range of options were suggested including: posters, leaflets, signs and billboards and laminated signs. For those with certain learning disabilities, such as dyslexia, these would need to be highly visual.

“I am dyslexic and instead of more writing I would prefer something visual - because if you throw a lot of paperwork in front of me - I will go to sleep and will lost interest and won't come back”

3.6 Regardless of how this is presented, it was agreed that this information needed to be kept up to date and changed regularly. One service user stated that from his experience, notice boards were often up to five years out of date. Further, one participant stated that the most appropriate location for written information was not in public arenas but in more private ones:

“posters in your cell - you are bound to read it if it's in your cell”

3.7 Inter-agency communication was universally viewed as an area in need of improvement. Current shortcomings in this area were highlighted as source of frustration, due to the repeated form filling and sharing of information. Suggestions were given as to how this could be improved and all focus groups discussed a need for a single database which could be accessed by all agencies.

“This is a national problem - and you're quite right in what you are saying in [name of area] we have got five separate councils, all with their own budgets and their one policies and procedures. So one database nationally that each council can tap into and subscribes to”

“A central database, improved communication channels between different agencies, increased use of computer technology”

“A central system with a core bank of data. They could then add their own data as required. All agencies could then access this data, giving a clearer picture of the person needing care”

“they have the treatment recovery working group where they sit down together like 20 different agencies around a table once a month but I am not sure if this goes on in social care”

4. ASSESSMENT OF NEED AND VULNERABILITY

4.1 Participants highlighted a number of factors which would be helpful to identify a person in need of assessment.

"body language ... it could be stressed out and even shy"

"they are secluding or isolating themselves"

"their actions and persona - where they are - could be alcohol, homelessness, physical needs, if you get a feel for it"

4.2 Unanimously, it was agreed that care assessments should be carried out at the earliest opportunity to ensure appropriate treatment is offered at the very start of an individual's journey through the criminal justice system.

"Assessment should be done at induction by the induction staff, as there is a lot of bravado in prisons, should be caught early on"

"Do the forms at arrest before going to prison because based on an assessment, it could be that this person shouldn't be going to prison"

4.3 However, it was suggested that staff training was essential to recognise identifying factors, since care needs could emerge at any point of a service user's time in custody or on probation, not just at induction. Without ongoing assessment, needs could go unnoticed and leave individuals vulnerable. Indeed, through care was deemed to be an area in need of reform, as care and attention was seen to reduce significantly following initial assessment.

"Police and probation that goes across the board - mental health issues, homelessness - if you are trained you will spot it"

"so stop assuming and properly train people to identify it at the first point of contact. Training training"

"[I] remember a fairly comprehensive medical assessment during my first few days in prison; all the relevant questions were asked, but I had no specialist needs. The comments I heard from other inmates were that the follow-through of the assessment was the problem and they did not always receive the help they needed"

"in the police custody suites wouldn't it be better if there was a sign where they recognise or understand that the person might have mental health issues. It's like planting seeds in the heads for them to go back and check"

4.4 Participants discussed utilising other service users in the identification and assessment of those in need of care.

"At HMP (name of prison) there was a unit that dealt with Mental Health issues and they trained Listeners and Buddy's to be aware of possible symptoms. This was not to make any sort of diagnosis, but to suggest to the person that he may wish to seek help from the unit"

4.5 The use of follow service users was extended beyond that of initial identification of need, but it was felt they were ideal candidates for 'independent advocates' as outlined in The Care Act.

" should be a fellow prisoner, so they understand them "

"people with life skills who have been there and come out the other end, that are at no risk of relapse, that have moved on with their life "

4.6 Other popular suggestions for the Independent Advocate role include family members and close friends, particularly if the role encompassed attending treatment and meetings with the service user.

"it has to be someone who knows the YP [young person] as it can't be a stranger"

"There may be scope for a Peer Mentor, if the role of an advocate was to guide and direct as opposed to being intimately involved"

4.7 Although one focus group did consider the subjectivity this would ensue and suggested another alternative.

"someone who is not involved in the case - like a social worker"

4.8 In any case, service users found the selection of an Independent Advocate to be a complicated issue. There was general agreement though that a decision would have to be made by the medical staff with the clear approval of service user.

5. ENGAGEMENT OF SERVICE USERS

5.1 The psychological divide between service users and staff in the Criminal Justice System is well documented. This can prevent positive engagement from occurring. Service users were keen to discuss the need for staff attitudes to be challenged where appropriate to support the particulars of The Care Act.

"I know some people who have been in the cells and have been in terrible states and they have just left them. They don't get any care. So it's that initial first compassion - right this person is a human being and I can detect that they are not right"

"I have just been left - they haven't even answered by buzzer"

"The humanistic side to the encourage them to get advocates and encourage family members to attend assessment"

5.2 Participants suggested that a 'middle man' could help bridge the gap between staff and service users. In particular, they thought it would be prudent to employ people who have direct experience of issues such as mental ill-health, learning disabilities, and substance misuse problems. These individuals would be well placed to inform and advise as well as supporting others with similar problems.

"If we could get it out nationally that there are people who you can talk to who have been through it but it's got to be on the landings and promoted, so the guy knows I can say bugger-all to the screw but I do need social and it's on your pin one of the numbers you can call so you know who you are talking to"

"if there was someone in between the professionals and the service user who is in that situation who you can approach - let it be known that you can trust these people"

5.3 To engage service users throughout the whole sentence, and with quite distinct needs such as mental health and substance misuse, it might also be important to make use of other agencies, such as voluntary organisations and charities.

"to be able to access things like User Voice so we can ask if you are getting the right care"

"Sign posting relevant support agencies"

"It should be free like a Samaritans number - and it wouldn't take much to set that number up to be manned 24/7"

5.4 In relation to engaging those with mental health issues, service users referred to this as '*the elephant in the room*' and as '*taboo*'. This is due to the broad spectrum of conditions which come under the umbrella of Mental Health which make it seem less accessible. Again, staff attitudes were raised as problematic, yet essential to address if relationships are to improve.

"stop treating people like they are different"

"not to treat people condescendingly"

"they should approach them in an informal way rather like discussion then sitting in front of them in suits"

5.5 There was discussion regarding how difficult Mental Health was for us to understand as a society. This lack of acknowledgement and understanding make engagement difficult. Service users stated that while there remains a

stigma, then disclosure will remain low and will prohibit those in need from accessing appropriate help.

“we as a society yet haven’t grasped that nettle to take that on board”

“if you can’t disclose how do you put someone health and mental health information onto a database for someone else to access?”

6. FINANCIAL AID

6.1 In all but one of the focus groups, there was consensus that a service user should not have to pay towards their social care. This is because the NHS is a free service to those citizens who need it and service users thought that health and social care should be encompassed by this broader service. However, in one focus group, it was deemed that the only exception from payment is those who do not have the funds to do so.

6.2 Some service users felt that charging for social care would deter some vulnerable individuals from accessing it. This would leave people without the care they need to live a safe and fulfilled life.

“they might not ask for the help if they have to pay they might turn around and not say they need the help. If they are thinking of doing it to pensioners then we as service users have got no chance out there”

7. CONCLUSIONS

7.1 The future of care in custody

7.1.1 The disconnect between service users and staff is a major barrier to the accessibility of the new Care Act. Throughout this consultation, effective communication emerged as a fundamental requirement for successful implementation of the Act, and for the diagnosis and support of those needing care.

7.1.2 Improved relations between staff and service users is therefore elementary in enabling real engagement with mental health issues, which is essential in ensuring successful resettlement of individuals, central to desisting from future offending.

7.2 Service user engagement

7.2.1 Service user engagement is currently being promoted across criminal justice services. Many offenders and ex-offenders have invaluable insights to offer on how the new Care Act can be effectively accessed to those in custody and in approved premises, how to assess those who are in need of care, and the barriers that exist between service users and staff.

7.2 Traditionally, this unique knowledge has been undervalued, unexplored and unheard. In contrast, this response reiterates the benefits of engaging service users in the services that affect their lives and their path to rehabilitation. By allowing the people who have direct experience of prison to voice their opinions and perspectives on The Care Act, we are ultimately facilitating the shaping and development of improved services for all.

7.4 This principle was evidenced throughout all of our focus groups, as service users were extremely knowledgeable of the Government's programme of reforms and efficiency savings, and demonstrated a large and enthusiastic appetite to have their voices heard.

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